# Utah's APRN Workforce in 2003

**A Survey Report by**
**The Utah Medical Education Council**

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## Acknowledgements

This study of Utah's Advanced Practice Registered Nurse (APRN) workforce is a result of the efforts and contributions of several individuals and organizations. *Utah's Advanced Practice Registered Nurse (APRN) Workforce: 2003* is based on a survey of all licensed APRNs in the state of Utah as of December, 2002 that was conducted by the Utah Medical Education Council, with additional support provided by the Division of Occupational and Professional Licensing, the Utah Nurses Association, the Bureau of Primary Care and Rural Health Systems, and the Utah Area Health Education Centers.

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The members of the Utah Medical Education Council and APRN Workforce Committee must also be recognized for their invaluable contributions. Special thanks to Gretchen Cornell for chairing the APRN Workforce Committee. A complete list of all members of both the council and the subcommittee who were involved appears in Appendix C.

The data collected through the APRN survey can be made available for additional research or analysis of the APRN workforce or other relevant healthcare issues. For additional information please contact:

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## Table of Contents

## List of Charts and Graphs

## Executive Summary

From 1998 through 2002, Utah's APRN workforce grew at an annual net rate of 5 percent, with the number of patient care providing APRNs increasing from 798 in 1998 to 997 in 2003. The UMEC recommends that at a minimum, Utah should maintain the 2003 ratio of 37 APRNs per 100,000 in population.

The factors fueling the growth of Utah's APRN workforce include: population growth, an aging state population, and increasing demand for APRNs in both primary and specialty care settings.

A concentration of older APRNs will likely result in increased retirement rates for APRNs between now and 2015. Assuming constant gross growth rates, a higher retirement rate will have a dampening effect on net growth over this time period, resulting in lower positive net growth rates.

In 2003, most APRNs were working in the specialty(s) for which they trained. Some specialties were more common than others in the various certification categories.

Based on patient wait times and the number of APRNs accepting new patients, there did not appear to be a shortage of APRNs in the state in 2003.

APRNs worked fewer total hours, spent less time caring for patients, and saw fewer outpatients per week than physicians and physician assistants in 2003. APRNs saw a comparable number of inpatients per week when compared to physicians and physician assistants in 2003.

APRNs practicing in rural areas provided a vital role to their communities. In particular, CRNAs were critical to rural hospitals' ability to provide anesthesia services. Approximately 42 percent of the rural CRNA workforce will reach retirement age by 2015.

The state's APRN training programs are critical to meeting workforce needs because they greatly influence APRNs to practice in Utah.

Approximately 50 percent of APRN faculty will likely retire within 10 years. Given the national shortage of qualified APRN faculty, replacing retiring faculty could prove difficult for Utah's training programs.

The UMEC should continue to report on advance practice nursing through studies based on separate survey instruments for CRNAs, CNMs, and CNS/NPs. This will increase the UMEC's ability to accurately assess the adequacy of the APRN workforce.

## INTRODUCTION

The Utah Medical Education Council (UMEC) was created in 1997 in response to concerns about the state's medical workforce needs. According to the statute, House Bill 141–Medical Education Program, the UMEC is charged with assessing and meeting the state's changing market and educational needs, and with identifying changes in the healthcare workforce numbers, types, and geographic distribution (see Utah State Code 63C-8-105).

In meeting this charge, the UMEC monitors emerging healthcare trends in the state by conducting surveys of key healthcare professions every four to five years. The Council surveys the following groups: physicians, physician assistants (PAs), advanced practice registered nurses (APRNs), dentists, and pharmacists. The surveys are used to determine these professions' adequacy in meeting Utah residents' needs.

This report focuses on the Council's 2003 survey of APRNs, which are herein defined as nurses with an advanced-practice nursing license in one (or more) of the following categories: clinical nurse specialist (CNS), certified nurse midwife (CNM), certified registered nurse anesthetist (CRNA), and nurse practitioner (NP). It summarizes an analysis of the 2003 survey and highlights emerging trends that could impact the adequacy of the state's APRN workforce through the year 2020.

The report works from one basic assumption: having an adequate APRN workforce is an important component of the adequacy of the overall clinician workforce (including physicians, APRNs, and PAs) in meeting the demands of a growing state population.

Data gathered in the UMEC's 1998 ARPN survey is used here as baseline information with which to compare the more recent results, which were gathered January through May 2003.

Surveys were mailed to every APRN with a Utah license (as of December 2002). Three separate mailings were conducted to increase the response rate and accuracy of the results. An overall response rate of 74 percent was achieved, with response rates for individual questions varying only slightly from the overall response rate in most cases. Licensing information, including addresses, was obtained from the Division of Occupational and Professional Licensing, Utah Department of Commerce.

The UMEC, the Bureau of Primary Care and Rural Health System, Utah Area Health Education Centers, and the Utah Nurses Association provided joint sponsorship and support for the 2003 survey. The data needs of these organizations were important considerations in survey development.

Multiple information sources have been used to augment the information obtained from the two UMEC surveys. These sources include both local and national information from the Center for Health Data, the Health Data Authority, the American Medical Association, the Division of Occupation and Professional and Licensing, and others as cited.

## SECTION I: WORKFORCE GROWTH AND PROJECTIONS

### Workforce Growth since 1998

The four categories of APRNs experienced varied levels of growth from 1998 to 2003. Overall, without factoring out those with multiple certifications, the APRN workforce experienced a 5 percent annual growth rate during the five-year time period.

**Growth of APRN Workforce 1998-2003 by Category**

| Category | 1998 Count | 2003 Count* | Actual Net Growth | Percent Net Growth |
|---|---|---|---|---|
| CNS | 137 | 175 | 38 | 28% |
| CRNA | 102 | 107 | 5 | 5% |
| CNM | 74 | 96 | 22 | 30% |
| NP | 485 | 619 | 134 | 28% |
| Total* | 798 | 997 | 199 | 25% |

*Includes 79 practitioners with multiple certifications

Among the four categories, nurse practitioners experienced the greatest growth in terms of actual numbers (134) from 1998 to 2003. In terms of percent growth, the CNS and NP categories each experienced a 28 percent growth rate. The CNM workforce grew 30 percent. The CRNA workforce experienced the lowest actual and percent growth; it added five new practitioners from 1998 through 2002, which equaled a 5 percent growth rate.

The 1998 report estimated that 23 new APRNs would be needed per year to maintain the 1998 ratio of 35 advanced practice nurses per 100,000 Utah residents.[1] The APRN workforce's actual growth from 1998 to 2003 increased the ratio to 37:100,000.

The UMEC has concluded that the current ratio of 37 APRNs to 100,000 residents is the minimum ratio that should be considered adequate for Utah. This conclusion is derived from responses to questions on the 2003 APRN survey regarding wait times for new and established patients and the acceptance of new patients, as well as from related questions on the UMEC's physician and PA surveys. The state should at a minimum strive to maintain this ratio, barring significant changes to Utah's healthcare landscape, which may impact future need for APRNs.

The following table demonstrates the number of APRNs providing patient care that the state will need in order to maintain the 2003 ratio of 37:100,000. Population figures come from the Utah Governor's Office of Planning and Budget.[2]

**APRNs Needed to Maintain 2003 Ratio**

| Year | Projected Population | APRN Workforce | Ratio |
|---|---|---|---|
| 2005 | 2,528,926 | 936 | 37 |
| 2010 | 2,833,337 | 1,048 | 37 |
| 2020 | 3,486,218 | 1,290 | 37 |

### The Aging Population

The number of Utah residents over the age of 65 is expected to grow at a 5 percent annual rate between 2005 and 2020, increasing from an estimated 212,582 residents over 65 in 2005 to 374,183 in 2020. Healthcare utilization by the elderly population is approximately 5.8 outpatient visits per

[1] The Utah Medical Education Council. (2000). *Utah's clinical healthcare workforce:Achieving balance through 2020*. Salt Lake City, UT: The Utah Medical Education Council

[2] Utah Governor's Office of Planning and Budget. (2005). *2005 baseline population projections*. Salt Lake City, UT: Utah Governor's Office of Planning and Budget.

person per year.[3] It is estimated that this population cohort will generate approximately 1,232,976 additional outpatient visits in 2005 and 2,170,261 additional outpatient visits by 2020.

Projected Utah Population Age 65 and Older

| Year | 65 and Older Population | % of Total Population |
|---|---|---|
| 2005 | 212,582 | 8.4% |
| 2010 | 245,249 | 8.7% |
| 2020 | 374,183 | 10.7% |

Based on the estimated number of visits generated by the elderly population, and an average capacity of 105 outpatient visits per week for individual practitioners, the state will require approximately 400 clinicians to meet the demand generated by residents 65 years and older by the year 2020.

If this need for 400 extra clinicians emerges, and if the 2003 clinician mix (77 percent physicians, 16 percent APRNs, and 7 percent PAs) persists, then Utah would require an additional 65 APRNs to meet demand in 2020. Overall, in order to both maintain the 2003 ratio of APRNs to population and account for the growth of the elderly population, Utah will need between 1,290 and 1,355 APRNs by 2020.

**Conclusions**

- The number of patient care-providing APRNs needed to maintain the 2003 ratio of 37 APRNs per 100,000 residents will be approximately 1,290 in 2020.

- The increase in the elderly population will result in more than 2 million additional outpatient visits by the year 2020. To meet this additional demand, the state will require approximately 400 additional practitioners.

- Based on the 2003 mix of clinicians, the ratio of APRNs to population in 2003, and the additional demand generated by the growing elderly population, Utah could need between 1,290 and 1,355 APRNs to provide patient care in 2020.

**Recommendations**

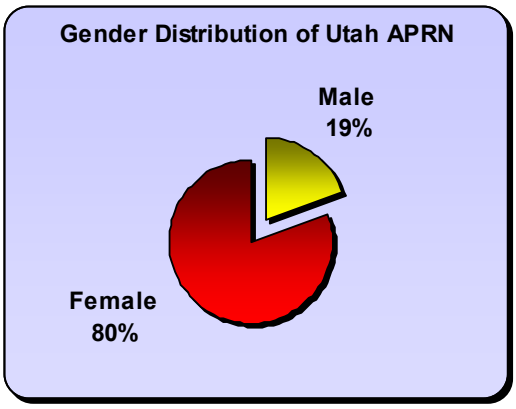
- The state should, at a minimum, maintain the 2003 ratio of APRNs to residents of 37:100,000.

[3] Utah Department of Health. (2003). *Utah public health outcomes measures report*. Salt Lake City, UT: Utah Department of Health.

## SECTION II: WORKFORCE DEMOGRAPHICS

### GENDER

The 1998 UMEC survey found that 18 percent of the APRN workforce in Utah was male. The 2003 survey identified a 1 percent increase in the number of male APRNs since 1998, bringing the percent of male APRNs in Utah to 19 percent. This represents an actual increase of 50 male APRNs since the 1998 survey. The total number of male APRNs in the state in 2003 was 180.




Male APRNs were predominantly clustered in the NP (43 percent) and CRNA (46 percent) designations. Only 11 percent of the male APRN workforce was licensed under the CNS or CNM designations.

While 43 percent of male APRNs had NP certification, they comprised only 14 percent of the total NP workforce. On the other hand, the 46 percent of male APRNs certified as CRNAs comprised 72 percent of the CRNA workforce.

According to the 2004 American Academy of Nurse Practitioners (AANP) National Nurse Practitioner Sample Survey, 95 percent of the national workforce was female.[4] It should be noted that CRNAs were not included in that survey. The 2003 UMEC survey showed that 87 percent of Utah's APRN workforce (excluding CRNAs) was female (81 percent when CRNAs were included).

In addition to having a larger percentage of male APRNs than the rest of the nation, Utah also had a larger percentage of men in the RN workforce. In Utah, men constituted 8 percent of the RN workforce; nationally, men made up 5 percent of the RN population.[5] Thus, Utah was different from the national nursing workforce, with more males in both the advanced practice nursing and registered nursing professions.

*Hours Worked*

Gender distribution can affect the adequacy of the workforce in terms of productivity, as studies have consistently shown that female clinicians typically work fewer hours than their male counterparts.[6] An analysis of the hours worked per week by Utah APRNs showed that in 2003 they also followed this observed trend.

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[4] Goolsby, M. (2005). 2004 AANP national nurse practitioner sample survey, part I: An overview. *Journal of the American Academy of Nurse Practitioners*, *17*(9), 337-341.

[5] Spratley, E., Johnson, A., Sochalski, J., Fritz, M., and Spencer, W. (2000). *The registered nurse population: Findings from the national sample survey of registered nurses*. Washington, D.C.: U.S. Department of Health and Human Services, Health Resources and Service Administration, Bureau of Health Professions, Division of Nursing.

[6] Council on Graduate Medical Education (COGME). (1997). *Fourteenth Report*. Washington D.C.: Council on Graduate Medical Education (COGME).

When looking at all APRNs in the state, 19 percent of female APRNs worked fewer than 30 hours per week, and 7 percent worked fewer than 20 hours per week. Only 2 percent of male APRNs worked fewer than 30 hours, all of whom actually worked fewer than 20 hours per week.

This distribution held true in the two categories of APRNs with the highest concentration of male practitioners: NPs and CRNAs. Analysis of these two categories showed that 2 percent of male CRNAs and 2 percent of male NPs worked fewer than 30 hours per week, all of whom actually worked fewer than 20 hours per week. Nearly 10 percent of female CRNAs reported working fewer than 30 hours per week, and 5 percent reported working fewer than 20 hours. Twenty-two percent of female NPs worked fewer than 30 hours per week, and 8 percent worked fewer than 20 hours.

**Percent of APRNs Working Reduced Hours by Gender**

| Gender/Hrs Worked | All APRN | CRNA | NP |
|---|---|---|---|
| Male < 30 Hours | 2% | 2% | 2% |
| Male < 20 Hours | 2% | 2% | 2% |
| Female < 30 Hours | 19% | 10% | 22% |
| Female < 20 Hours | 7% | 5% | 8% |

*Patients Seen*

An examination of the number of patients seen per week by male and female APRNs (CRNAs excluded) revealed that, on average, female APRNs saw fewer patients than their male counterparts. In 2003, Utah's male APRNs saw an average 70 patients per week, while the state's female APRNs (excluding CRNAs) saw an average 48 patients per week. This general observation held true when examining the mean number of outpatient, inpatient, and total patient visits per week, and it was similar to observations made of the physician workforce in Utah and the nation.[7]

**Non-CRNA APRN Patient Care Means**

| Gender | Outpatients per Week | Inpatients per Week | Total Patients per Week |
|---|---|---|---|
| Female | 42.46 | 6.91 | 48.38 |
| Male | 55.74 | 15.01 | 69.94 |
| All Non-CRNA APRN | 43.93 | 7.99 | 50.92 |

The gender disparity in the number of hours worked offers a partial explanation for the difference between the genders in the number of patient visits. There may be other explanations as well. For example, in an article entitled "The Changing Face of Medicine," Debra Zelnio suggests that female practitioners see fewer patients because they spend more time per patient than their male colleagues.[8]

The link between gender and productivity is important to monitor. Should the state experience a shift in the percentage of male APRNs in the workforce, it could impact the effective supply of APRNs in the state.

## ETHNICITY

Ethnic representation did not change significantly from the 1998 survey. In 2003, 96 percent of APRNs reported their race as Caucasian, a decrease of 2 percent from 1998, when 98 percent reported being Caucasian. No other race/ethnicity made up more than 1 percent of the workforce in 2003.

[7] American Medical Association: Center for Health Policy Research. *Differences in practice characteristics between female and male physicians*. Cited in Zelnio, D. *The changing face of medicine*. Retrieved September 12, 2006 from http:/www.mommd.com/changingfacehealthcare.shtml.

[8] Zelnio, D. *The changing face of medicine*. Retrieved September 12, 2006 from http://www.mommd.com/changingfaceofhealthcare.shtml.

For comparison, the 2004 AANP National Nurse Practitioner Survey found that 89 percent of the respondents described themselves as white, 3 percent as black or African American, 2 percent Asian, 1 percent American Indian, and less than 1 percent native Hawaiian/Pacific islander. According to the survey report, 3 percent described themselves as Hispanic or Latino.[9]

The 2003 Utah survey revealed a disparity between the ethnic makeup of the state population and the APRN workforce, particularly in regard to the Hispanic community. In 2003, Latinos made up 9 percent of the population, yet only 1 percent of the APRN workforce indicated they were Hispanic.

This disparity is something the UMEC believes the state should take seriously. Only through the recruitment and retention of clinicians from various ethnic backgrounds, particularly Hispanics, will Utah be able to bring the ethnic composition of the APRN workforce more in line with the ethnic profile of the population.

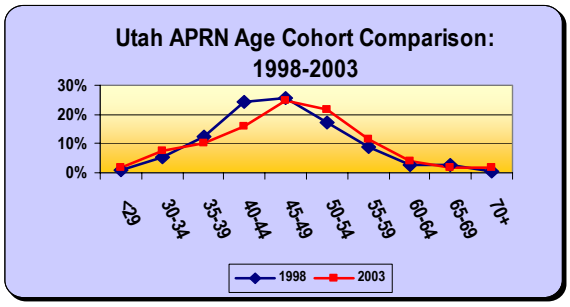
**AGE**

In 1998, the APRN workforce was concentrated in two age cohorts, ages 40 to 44 and ages 45 to 49. Combined, these two cohorts comprised 50 percent of the total workforce, with 24 percent in the 40 to 44 age cohort and 26 percent in the 45 to 49 age cohort. The age cohort with the next largest percentage of the workforce in 1998 was ages 50 to 54, with 17 percent of the workforce.

In 2003, the age cohorts with the greatest concentration of the workforce shifted and comprised a smaller percentage of the workforce. The greatest concentration of APRNs was found in two cohorts: ages 45 to 49 and ages 50 to 54. Combined, these two cohorts comprised 46 percent of the workforce.

Note that the 40 to 44 age cohort shrank from 24 percent of the workforce in 1998 to only 16 percent of the workforce in 2003. In actual numbers, there were 46 fewer APRNs in this cohort in 2003. There was also a decline of four APRNs in the 35 to 39 age cohort. These declines offset positive increases of APRNs in the under age 29 cohort (8) and the 30 to 34 age cohort (24). The combined result was a net decline of 18 APRNs under the age of 45 from 1998 to 2003, or a 10 percent decrease in APRNs under the age of 45.

In 1998, there were significant concentrations of APRNs in the 40 to 44 and 45 to 49 age cohorts. Five years later, these concentrations had shifted to the 45 to 49 and 50 to 54 age cohorts, and to reiterate, these cohorts represented almost half (46 percent) of the APRN workforce.

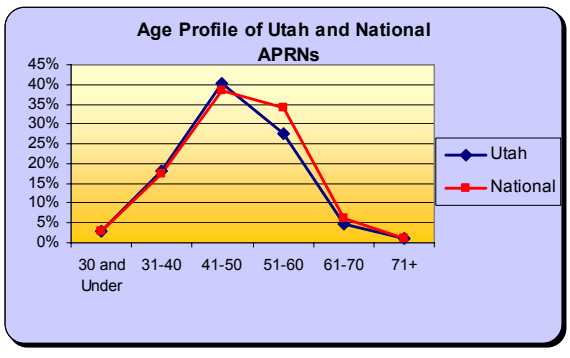



[9] Goolsby, M. (2005). 2004 AANP national nurse practitioner sample survey, part I: An overview. *Journal of the American Academy of Nurse Practitioners*, *17*(9), 337-341.

*Effects*
The effects of this concentration of APRNs in the older age cohorts are twofold. First, it will shift the overall age profile of the workforce. Second, it will result in increased retirement rates and will increase the need to replace more retiring nurses.

As the concentration of APRNs makes its way through the older age cohorts, the average age of Utah APRNs will likely continue to go up. Responses to the 1998 UMEC survey indicate an average age of 46 years. In 2003, the workforce had an average age of 47 years.

Between now and approximately 2015, the concentration of older APRNs will also increase retirement rates. Assuming relatively constant gross growth rates, higher retirement rates will likely have a dampening effect on net growth over the next 10 to 15 years, resulting in lower positive net growth rates.




The age profile of Utah's APRN workforce was comparable to the national workforce,[10] as the following table indicates. In 2003, it appeared that the biggest difference between Utah and the rest of the nation was that APRNs in Utah tended to retire before age 60.

**INCOME**
Responses to questions about income in the 2003 survey indicated an increase in salaries for APRNs since 1998. In 1998, 427 respondents, or 61 percent of all nurse practitioners, reported an income below $60,000. In 2003, 303 respondents, or 34 percent of all nurse practitioners, listed an income below $60,000. In addition, the greatest concentration of APRN salaries reported in 1998 was in the $50,000–$59,999 range (26 percent). The greatest concentration of salaries in the 2003 survey was in the $60,000–$69,999 range (21 percent). These were both strong indicators that wages for APRNs increased since the 1998 survey.

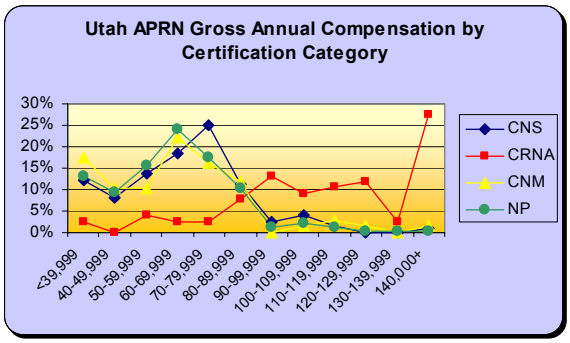
Another indicator of rising APRN salaries was the number of APRNs earning the highest salaries. In 1998, 43 nurse practitioners, or 6 percent, reported earning $100,000 or more. By 2003, the number earning $100,000 or more had risen to 99, or 11 percent of the workforce.

Responses to the 2003 survey regarding the perception of salary increases corroborated these findings. Nearly two-thirds (64 percent) of respondents indicated that their salary had risen in the five years prior to 2003. Seventy percent of respondents indicated they were "satisfied" with their income.

For APRNs who worked full time in 2003, earning potential varied by certification category (CRNA, NP, etc.). There was a large disparity between

[10] Goolsby, M. (2005). 2004 AANP national nurse practitioner sample survey, part I: An overview. *Journal of the American Academy of Nurse Practitioners*, *17*(9), 337-341.

CRNA salaries and salaries for the other three categories of advanced practice nurses. Nearly two-thirds (64 percent) of certified nurse anesthetists earned more than $100,000. However, the largest concentration of certified nurse midwives' (22 percent) and nurse practitioners' (24 percent) salaries was in the $60,000–$69,999 range. The largest percentage of certified nurse specialists salaries came in the $70,000–$79,999 range (26 percent).




Low annual income appeared to be most strongly linked to working reduced hours (30 hours or fewer). An examination of both the 1998 and 2003 survey responses revealed that virtually all respondents who indicated earning less than $40,000 annually also reported total hours worked of fewer than 30 to 34 hours per week. This also held true for those earning less than $50,000 per year, as a majority of these nurses reported working fewer than 36 hours per week—the amount typically considered full time for nurses. Overall, less than 12 percent of advanced practice nurses made less than $40,000. Approximately two-thirds of CNSs (67.2 percent) and NPs (69.9 percent) made between $40,000 and $80,000 annually. And 2.1 percent of CNSs and 13.5 percent of NPs indicated they earned less than $40,000 per year.

In 2002, NP Central, a non-profit nurse practitioner advocacy organization, reported the national average salary for nurse practitioners was $66,125, with a median income of $64,000. For the same year, the average income reported for an advanced practice nurse in Utah was $64,663, with a median income of $60,000.[11] A 2003 survey published on the nurse practitioner website, ADVANCE, reported an average salary of $69,203 for NPs nationally and $70,192 for NPs in Utah.[12] Based on the salaries reported in these surveys, as well as the results of the UMEC survey, APRN salaries in Utah seemed to be on par with national averages in 2003.

## BACKGROUND/UPBRINGING

Previous studies have established a correlation between where a clinician was raised (rural vs. urban areas) and practice location.[13] In 2003, Utah's APRN workforce showed a similar correlation. APRNs who were raised in rural environments were those most often found working in Utah's rural communities.

This report utilizes two working definitions of rural. A practice located in any Utah county except the four urban counties—Davis, Salt Lake, Utah, and Weber—is considered rural. This is determined by the zip code of the primary practice site indicated on the UMEC survey. Also, APRNs who spent

[11] NP Central Gateway. http://www.npcentral.net/cgi-bin/start.cgi/salary/index.html.
[12] Tumolo, J., and Rollet, J. (2003) *National salary survey of nurse practitioners (2003).* Retreived February 26, 2004 from http://nurse-practitioners.advanceweb.com/common/editorial/editorial.aspx?CC=27264.
[13] Rabinowitz, H.K., Diamond, J.J., Markham, F.D., and Paynter, N.P. (2001). Critical factors for designing programs to increase the supply and retention of rural primary care physicians. *Journal of the American Medical Association, 286*(9), 1041-1048.

the majority of their upbringing in a city/town with a population under 50,000 are considered to have been raised in a rural environment.

Of the 204 APRNs practicing in rural Utah in 2003, 128, or 63 percent, were raised in a rural setting. Conversely, 62 percent of APRNs practicing in urban Utah were raised in an urban setting.

Also, of the 502 APRNs who reported being raised in an urban setting, 426, or 85 percent, were practicing in an urban setting in 2003. Of the 387 who reported being raised in a rural setting, 128, or 33 percent, were practicing in a rural setting in 2003.

**Conclusions**

- The gender mix for Utah's APRN workforce remained steady from 1998 to 2003 at just under 20 percent male, 80 percent female.
- Utah's male APRNs (excluding CRNAs) generally worked more hours and saw more patients than their female counterparts. Because of this disparity, the gender distribution of the APRN workforce should be monitored.
- The percentage of Hispanic APRNs (1 percent) in Utah was not proportionate to the state's Hispanic population (9 percent).
- Over the next decade, Utah can expect to lose a significant portion of the current workforce to retirement.
- For APRNs who worked full time in 2003, income level appeared to be tied to certification category. Lower salaries among APRNs were linked primarily to those working fewer hours.
- Location of upbringing directly influenced location of practice. In 2003, practitioners in rural locations were most often those raised in rural settings, while those raised in urban areas tended to practice in urban areas.

**Recommendations**

- Maintain efforts to retain APRNs trained in the state and recruit more APRNs from out of state to counter higher retirement rates.
- Continue efforts to recruit rural students into advanced-practice education to help address Utah's shortage of rural healthcare providers.

## SECTION III: PRACTICE CHARACTERISTICS

### Specialization

APRNs work in many clinical specialties; but in 2003, these tended to cluster according to certification category. The most frequently cited specialties among NPs were family, pediatric, and adult health/ medical/surgical. The specialty CRNAs cited most often was anesthesia. The most common specialties CNS respondents cited were psychiatric/mental health, family, and adult health/medical/surgical. Finally, the most common specialties CNM respondents cited were nurse midwifery and maternal/child health.

Comparisons between the specialty APRNs studied and the specialty they practiced in 2003 revealed very little crossover between specialties. In other words, it was evident that in the vast majority of cases, APRNs practiced the specialty they studied. Thus, very few APRNs trained in a given specialty had been forced into other areas of practice.

### Primary and Secondary Practice Locations

Most Utah APRNs practiced primarily in a traditional medical (hospital/clinic) setting in 2003. Approximately 54 percent of survey respondents reported working in a hospital or clinic as their primary practice location (including free-standing and community health centers), and another 19 percent reported working at either a solo or group physician practice. Combined, these figures show that 74 percent of the APRN workforce worked in traditional medical settings in 2003.

Other work settings utilized by a notable portion of the workforce included the following: self-employed (13 percent), nursing faculty (4 percent), and "other" (5 percent). Just less than half (43 percent) of those who were self-employed were CRNAs, who likely worked on a contract basis with numerous facilities. The rest of the workforce was scattered among a number of settings, only one of which—school health—included more than 1 percent of the workforce.

**Primary Work Setting - All APRN 2003**

| Setting | Count | Percent |
|---|---|---|
| Self-Employed | 116 | 12% |
| Solo Physician Practice | 80 | 9% |
| Multi-Specialty Physician Group | 86 | 9% |
| Hospital-University | 117 | 13% |
| Hospital/Clinic-IHC | 145 | 16% |
| Hospital-Other | 70 | 8% |
| School Health | 13 | 1% |
| Planning Agency (Government or Private) | 7 | 1% |
| Home Health Agency | 8 | 1% |
| HMO | 4 | 0.5% |
| Community Health Center | 35 | 4% |
| Nursing Home or LTC/MR Facility | 4 | 0.5% |
| Free-Standing Health Center or Clinic | 116 | 12% |
| Occupational Health (Employee Services) | 7 | 1% |
| Faculty/Teaching Position | 38 | 4% |
| Insurace Company/Private Industry | 4 | 0.5% |
| Prison or Jail | 4 | 0.5% |
| Other | 42 | 5% |
| Not Reported | 37 | 4% |
| **Total** | **935** | **100%** |

### Outpatients vs. Inpatients

Utah APRNs (excluding CRNAs) reported that they saw more outpatients than inpatients during the course of an average week in 2003. The survey results indicated that 40 percent of those who saw inpatients saw fewer than 50 inpatients per week. Additionally, 58 percent indicated they did not see any inpatients.

Fifty-two percent of those who saw outpatients indicated that they saw fewer than 50 outpatients per week. Sixteen percent of respondents did not see outpatients during an average week. A further 31 percent who saw outpatients saw 51-plus outpatients per week.

**Sliding-fee Scales**
In 2003, 35 percent of APRNs reported that they offered a sliding-fee scale, a method of making healthcare more affordable for low-income patients by adjusting the fees charged according to income level. In 1998, 38 percent reported using sliding-fee scales.

**Patient Wait Times**
The 2003 survey included questions regarding the average number of days patients must wait for an appointment. Data on average wait times is used in combination with data on the percentage of non-CRNA APRNs accepting new patients. These indicators help to show whether the state's supply of APRNs is meeting the demand for services.

For most non-CRNA APRNs (69 percent), the average number of days established patients waited for an appointment in 2003 was less than seven days. Thirty-four percent reported an average wait time of zero days for established patients.[14]

For new patients, 60 percent of survey respondents said the average number of days it took to get an appointment with a non-CRNA APRN was seven days or less in 2003. Twenty-eight percent reported an average waiting period of zero days for new patients.[15,16]

**Accepting New Patients**
On the survey, respondents were asked to identify whether they were limiting the number of new patients they were accepting by various payer types. Of those who responded, excluding CRNAs, 71 percent indicated they were not limiting the number of new patients accepted in any payer category.

**Language Interpretation**
Just over half (51 percent) of the respondents to the 2003 survey reported offering some form of language interpretation for non-English-speaking patients.[17] This was a 4 percent increase over the 47 percent of respondents who indicated they offered language-interpretation services in 1998.

**Conclusions**

- In 2003, most APRNs were working in the specialty(s) for which they trained. Some specialties were more common than others in the various certification categories.
- Most APRNs worked in either a hospital/clinic or a private doctor's office.

[14] For comparison, 76 percent of PAs reported an average wait time of seven days or less for established patients, and 28 percent reported an average wait time of zero days for current patients.

[15] For comparison, 64 percent of PAs reported an average waiting period of seven days or less for new patient appointments, and 23 percent reported an average waiting period of zero days for new patients.

[16] Physicians reported the number of days for an appointment, but did not differentiate between new or established patients. The average number of days patients wait for an appointment with a physician is significantly longer than seven days in a number of specialties: pediatrics (20 days), OB/GYN (42 days), anesthesiology (24 days), internal medicine (39 days), and family practice (9 days).

[17] Within the Utah Department of Health, the Office of Primary Care and Rural Health offers various resources to help healthcare providers deliver culturally and linguistically competent care, including training programs and a medical interpreters directory.

- Slightly fewer APRNs offered sliding-fee scales in 2003.

- Based on patient wait times and the number of APRNs accepting new patients, there did not appear to be a shortage of APRNs in the state in 2003.
- An increasing percentage of the APRN workforce was offering some form of language interpretation.

**Recommendations**

- Encourage the use of sliding-fee scales as an option for providing more affordable healthcare to lower-income residents.
- Encourage APRNs and other healthcare providers to take advantage of the cultural and language competency resources offered by the Office of Primary Care and Rural Health.

## SECTION IV: PRODUCTIVITY

### Total Hours per Week

Most APRNs in Utah (75 percent) reported working 36 hours or more per week in 2003. By category, 70 percent of NPs indicated they worked a minimum of 36 hours per week, and 80 percent of the CNS workforce reported working this same number of hours. The CRNA workforce had the highest percentage (89 percent) working 36 hours per week or more, and of the CNM workforce, 79 percent indicated they worked a minimum of 36 hours per week.

A comparison of the mean total hours worked by APRNs, physicians, and PAs revealed that APRNs worked fewer hours (40) than physician assistants (42) in 2003. Both of these constituencies worked fewer total hours than physicians (53) that year.

### Patient Care Time

The UMEC also examined the non-CRNA APRN workforce's average number of hours spent in patient care activities each week, as well as the total number of outpatients and inpatients seen per week. The Council compared these numbers to the physician assistant and physician workforces in 2003. CRNAs were excluded from this comparison due to the unique nature of the profession when compared to the other APRN categories.

The average (mean) time APRNs spent in patient care activities in 2003 was 32 hours per week. This was lower than the mean patient care hours per week reported by both physician assistants (41) and physicians (43) in their respective 2003 surveys and workforce reports.

In addition to fewer patient-care hours worked, APRNs (excluding CRNAs) also saw fewer patients on average than either physicians or physician assistants in 2003. The mean number of outpatients APRNs saw per week was 44. In comparison, the mean number of outpatients that physician assistants saw per week was 79. Physicians saw 71 outpatients per week on average. Utah's APRN workforce saw a comparable number of inpatients per week (8) when compared to physician assistants (5) and physicians (9).

When viewing total patient-care time, APRNs had fewer total patient visits per week (52) than both physicians (80) and physician assistants (85).

**Mean Productivity Measures (per week)**

| Weekly Productivity Measures | APRN | PA | Physician |
|---|---|---|---|
| Patient Care Hours | 32 | 41 | 43 |
| Outpatient Visits | 44 | 79 | 71 |
| Inpatient Visits | 8 | 5 | 9 |
| Total Patient Visits | 52 | 85 | 80 |

### Non-Patient-Care Activities

Utah's APRN workforce spent approximately the same amount of time performing non-patient-care activities as Utah's physicians and physician assistants in 2003. APRNs reported a mean of 2.11 hours spent in administrative functions per week. This was fewer hours than physician assistants, who averaged 2.53 administrative hours per week, and physicians, who averaged 4.45 hours

per week on administrative functions. In addition, APRNs also reported spending an average 2.65 hours per week teaching.

**APRNs Working at RN Level**

A number of respondents to the 1998 APRN survey indicated that they spent a portion of their time performing RN-level tasks. These anecdotal accounts prompted the inclusion of questions on the 2003 survey regarding time spent on RN-level activities. The UMEC has since learned that 22 percent of the APRN workforce spent some time performing RN-level tasks in 2003. However, 59 percent spent less than 1 percent of their total time working on these activities. Furthermore, two-thirds (67 percent) of APRNs spent less than 5 percent of their time at the RN level, and 84 percent spent 10 percent or less of their time in this manner. If one assumes a full-time equivalent (FTE) of 40 hours per week, this 10 percent would equate to four hours or less per week spent working at the RN level in most cases. Thus, it appeared that RN-level work was incidental in 2003 and not an indication of an oversupply of APRNs in the state.

**Conclusions**

- APRNs worked fewer total hours, spent less time caring for patients, and saw fewer outpatients per week than physicians and physician assistants in 2003.
- APRNs saw a comparable number of inpatients per week when compared to physicians and physician assistants in 2003.
- While 22 percent of the APRN workforce reported performing some RN-level tasks in 2003, this appeared to be incidental work in most cases and not an indication of an oversupplied APRN market.

## SECTION V: THE RURAL WORKFORCE

Utah APRNs continue to provide a significant amount of care in Utah's rural counties. These counties include all except Davis, Salt Lake, Utah, and Weber counties. In both the 1998 and 2003 surveys, 18 percent of respondents reported a primary practice site in a rural county.

Even though the percentage remained static, the actual rural workforce increased from 132 in 1998 to 158 in 2003. The increase of 26 rural-practicing APRNs during this time period meant an average seven new APRNs entering rural practice in Utah each year between 1998 and 2003.

The 158 rural APRNs practicing in 2003 constituted 21 percent of the combined clinical workforce in rural Utah that year. Physicians made up 71 percent (540) of the rural workforce, and physician assistants constituted the remaining 9 percent (70). Combined, APRNs and physician assistants made up 30 percent of the rural clinical workforce and filled a vital role.

In terms of age, the 2003 rural workforce was identical to its urban counterpart. Each had an average age of 47. The APRN workforce in rural Utah also had the same ethnic mix as the urban workforce in 2003.

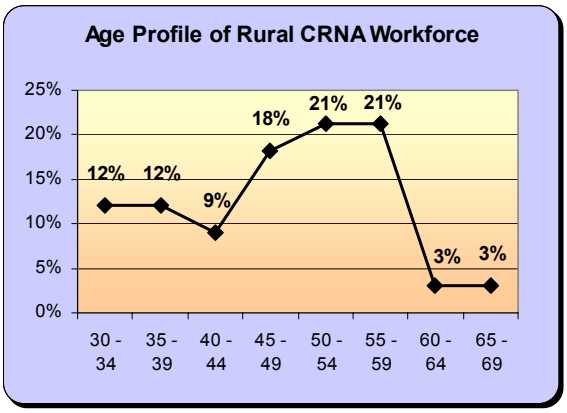
There was a difference in the ratio of male and female APRNs in rural and urban Utah in 2003. Rural Utah had a 70:30 female to male ratio, compared with an 83:16 female to male ratio in urban Utah. The higher ratio of male APRNs in rural Utah appeared largely in a single category: CRNAs.

In terms of patient care, the rural workforce accounted for 25 percent of all outpatient visits performed by Utah APRNs in 2003. Furthermore, the rural workforce accounted for 22 percent of all inpatient visits performed by APRNs in the state that year.

**CRNAs in Rural Utah**

In 2003, CRNAs were (and still are) an important component of care in rural Utah. Only three of the 19 hospitals in rural Utah had anesthesiologists on staff at the time of the 2003 survey. All of the other rural hospitals relied on the 38 CRNAs practicing in rural Utah to provide anesthesia services. These CRNAs were critical to rural hospitals' ability to provide a number of essential services in the communities they serve.

An examination of the age profile of the rural CRNA workforce indicates that approximately 42 percent will likely retire by the year 2015.



Such a high retirement rate among Utah's rural CRNAs is a matter of significant concern, given rural hospitals' reliance on CRNAs.

In August 2006, Westminster College began the first CRNA training program in Utah with an initial class of 15 students. The addition of this program to the state will provide a local pool of CRNA graduates from which to recruit.

**Conclusions**

- Utah's percentage of rural-practicing APRNs remained steady between 1998 and 2003.
- APRNs practicing in rural areas provided a vital role to their communities. In particular, CRNAs were critical to rural hospitals' ability to provide anesthesia services.
- The rural APRN workforce was comparable in age and ethnicity to its urban counterpart in 2003.
- The rural workforce had a higher concentration of male APRNs than the urban workforce.
- Approximately 42 percent of the rural CRNA workforce will reach retirement age by 2015.

**Recommendations**

- Rural hospitals reliant on CRNAs for anesthesia services must consider the potential for difficulty in recruiting CRNAs in their strategic planning. However, Westminster College's new CRNA program should help provide more CRNAs to the state.

## SECTION VI: UTAH'S APRN TRAINING ENVIRONMENT

In 2003, the primary factor in a non-CRNA APRN's decision to practice in Utah appeared to be the location in which the APRN training took place. Of the state's non-CRNA APRN workforce, 663, or 83 percent, received their advanced training in Utah. The breakdown of graduates from in-state programs was as follows: University of Utah–68 percent, Brigham Young University–23 percent, and Westminster College–9 percent.

With such a large percentage of the workforce trained in the state, it is in the state's best interest to provide adequate support for the state-sponsored APRN programs at the University of Utah.

For CRNAs in 2003, there was no correlation between training site and practicing in Utah. However, there also weren't any CRNA training programs located in the state at that time. Thus, the state relied entirely on recruiting from the national pool. Predictably, those CRNAs who chose to practice in Utah had trained in a broad distribution of states. However, nearly one-quarter (22 percent) had received their training in Minnesota.

The CRNAs who received their training in Minnesota did so at one of two programs. Nearly two-thirds were trained at the Mayo program in Rochester, while the other third received their training at St. Mary's University in Minneapolis. All of the Mayo-trained CRNAs had a Utah background, meaning they lived in Utah while attending high school.

**State of Origin**

Non-CRNA APRNs' states of origin had less impact than their training locations on their decisions to practice in Utah in 2003. Less than half (42 percent) of the non-CRNA workforce listed Utah as their state of origin. Even more specific, 50 percent of the rural workforce listed Utah as their state of origin. Thus, it appeared that the state's primary tool for recruiting APRNs into the non-CRNA workforce from out of state was Utah APRN programs.

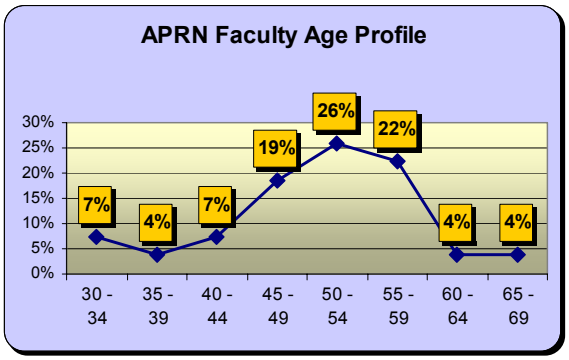
For practicing CRNAs, however, state of origin appeared to have a greater impact on practice location in 2003. Approximately 60 percent of all CRNAs practicing in Utah in 2003 listed their state of origin as Utah. There was no significant difference when the rural CRNA workforce was isolated.

**Training Programs**

As noted above, there was a strong link between non-CRNA APRNs' training locations and their practice locations in 2003. It follows, then, that to attract highly qualified APRNs to the Utah market, the quality of Utah's training programs must be considered. Currently the quality of the various graduate nursing programs is not a concern when it comes to the recruitment of qualified graduate nursing candidates.

The future quality of these programs could be affected in two ways: the ability to recruit nursing faculty and the availability of clinical training sites.

*APRN Faculty*
In 2003, Utah's APRN faculty had a mean age of 50 and a median age of 51. This was three years older than the mean and median ages of the combined APRN workforce, which had a mean age of 47 and a median age of 48. And much like the age profiles of the four APRN categories, there were heavy concentrations of faculty in the cohorts between ages 45 and 59. In fact, two-thirds of all APRN faculty appeared in this age range.




Based on this age profile, it is clear that by 2013, 18 of Utah's APRN faculty will have reached the typical faculty retirement age (60). These 18 faculty APRNs represent approximately 47 percent of total faculty.

The fact that Utah will likely lose nearly half its 2003 faculty workforce to retirement by 2013 appeared to be verified by responses to survey questions regarding APRNs' retirement plans. When faculty responses were isolated, 48 percent of Utah APRN faculty indicated that they planned to retire by 2013.

*Attracting New Faculty*
A number of factors are contributing to a growing national shortage of qualified APRN faculty candidates, which is enhancing the difficulty of attracting new faculty to Utah. According to the 2005 American Association of Colleges of Nursing (AACN) Survey of Faculty Vacancies, some of the most critical issues nursing schools currently face in regard to faculty recruitment are noncompetitive salaries, a limited pool of doctorally prepared faculty, and a lack of qualified applicants.[18]

The national faculty shortage will likely become more severe in the near future. According to the American Federation of State, County, and Municipal Employees, of which the United Nurses of America is an affiliate, the average age of nursing faculty nationwide is 50, as of June 2006.[19] It should be noted that the federation makes no distinction between RN and APRN faculty. Thus, in the coming years, expected high retirement rates for nursing faculty across the country will likely aggravate the problem of recruiting faculty for Utah's APRN programs, as new faculty will be sought after nationwide.

Apart from this observation, however, there is a national discussion about changing APRN education from a master's degree to a doctoral degree. The proposed doctoral degree would emphasize care-management practices rather than research and would be similar in application to pharmacy (pharm-D) and law (juris doctorate) degrees. A limited number

[18] American Association of Colleges of Nursing. (2005). *2005 survey of faculty vacancies*. Washington D.C.: American Association of Colleges of Nursing.
[19] American Federation of State, County, and Municipal Employees. *Solving the nursing shortage: The scope of the shortage.* Retrieved June 1, 2006 from http://www.afscme.org/una/sns04.htm.

of schools are already offering this type of nursing doctoral degree. The college of nursing at the University of Utah is among those schools moving to convert APRN training to the doctoral level. If adopted by a greater number of schools, this degree would add to the pool of doctorally trained nurses from which APRN programs could draw.

**Clinical Training Sites**

In 2003, all of Utah's APRN programs indicated that the availability of adequate clinical training sites was a concern.

In general, the programs expend a large amount of time and resources in procuring training sites for APRN students. This is because clinical training in both acute inpatient and ambulatory care settings is an important component of APRN educational experience. Therefore, education program quality can be affected by a lack of adequate training locations or opportunities.

Difficulty in finding adequate training sites is not unique to the APRN programs in Utah. Utah's other clinical training programs, such as the pharmacy and physician assistant programs at the University of Utah, also face this constraint, particularly as they look to expand. However, due in part to the UMEC's efforts to highlight healthcare workforce issues, the Utah Hospital Association took the initiative to overcome this obstacle in 2005 by encouraging its member institutions to provide training sites for all Utah students with clinical training requirements. This has been a positive development for the state's training programs.

**Conclusions**

- In 2003, the primary factor in a non-CRNA APRN's decision to practice in Utah appeared to be the location in which the APRN training took place.
- The state's APRN training programs are critical to meeting workforce needs because they greatly influence APRNs to practice in Utah.
- Approximately 50 percent of APRN faculty will likely retire within 10 years.
- Obtaining adequate clinical training sites will continue to be critical in maintaining the quality of Utah's APRN (and other) training programs.

**Recommendations**

- Recruit more nurses from Utah into APRN training programs with an emphasis on practicing in Utah.
- Assure that state-funded training programs receive adequate financial support.
- Prepare to replace retiring faculty as needed.
- Continue to encourage collaborative efforts with the Utah Hospital Association to cultivate new clinical training sites for APRN and other training programs.

## SECTION VII: KEY FINDINGS

Utah's APRN workforce plays an integral role in the delivery of healthcare services to the state's residents. The market for APRNs in the state is expected to continue to maintain the 5 percent annual net growth experienced between 1998 and 2003. The factors fueling this growth include:

- Population growth
- An aging state population
- Increasing demand for APRNs in both primary and specialty care settings

The following issues could impact the state's ability to meet the demand for APRNs in the future:

- The increasing difficulty of recruiting sufficient APRN faculty to Utah training programs due to projected retirement rates among faculty members
- The addition of the new CRNA training program at Westminster College
- Expanding access to clinical training sites in both acute inpatient and ambulatory care settings

In order to assure that Utah residents have access to adequate healthcare services, the state should strive to, at a minimum, maintain the 2003 ratio of APRNs to residents (37:100,000). This ratio was deemed adequate for the state of Utah based on APRN patient wait times and the number of APRNs accepting new patients, which factors were examined in the context of the combined clinical workforce of APRNs, physicians, and physician assistants.

The UMEC should continue to report on advance practice nursing through studies based on separate survey instruments for CRNAs, CNMs, and CNS/NPs. This will increase the UMEC's ability to accurately assess the adequacy of the APRN workforce.

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# APPENDIX A: RESULTS FOR EACH QUESTION ON THE 2003 APRN SURVEY

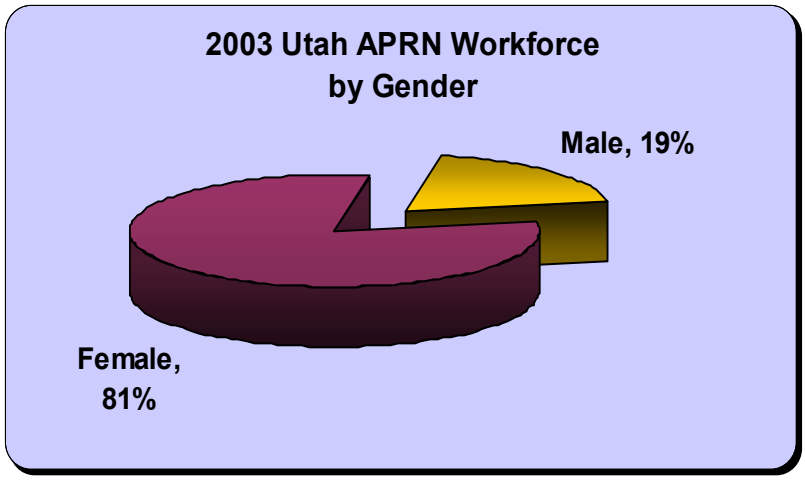
The data reported in this appendix represent the responses to each question asked on 2003 APRN survey. Due to the unique nature of the various categories of professionals in the APRN workforce (CNS, CRNA, CNM, and NP), it was often desirable to isolate the responses of each of the four categories in order to gain a more in-depth understanding of the workforce. Whenever this occurred, aggregate data for the entire APRN workforce will be presented along with the responses of the individual categories.

The 2003 APRN survey was mailed to every APRN with an active Utah license as of December 2002. A response rate of 74 percent was achieved. Responses to the survey were weighted to account for non-responses. The data presented was weighted using a factor of 1.35. Individual questions were not weighted separately to account for non-responses to individual questions. Also, please note that in some cases the order of data elements reported in this appendix may differ slightly from the order of questions on the survey instrument for formatting purposes.

1a. Gender.

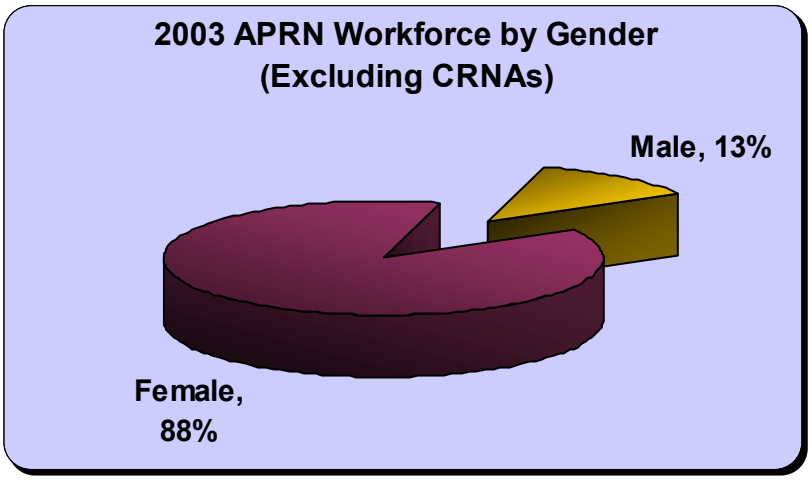
2003 APRN Workforce by Gender

| Gender | Count | Percent |
|---|---|---|
| Male | 180 | 19% |
| Female | 750 | 81% |
| **Total** | **931** | **100%** |




2003 APRN Workforce by Gender (Excluding CRNA)

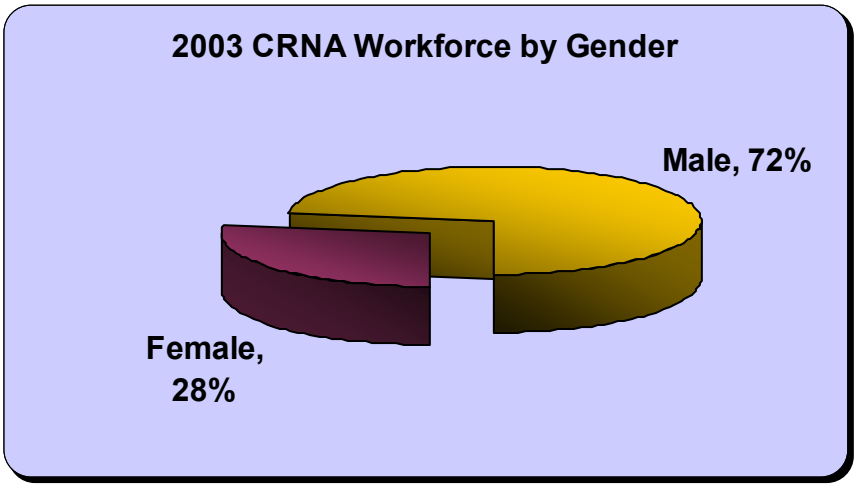
| Gender | Count | Percent |
|---|---|---|
| Female | 721 | 88% |
| Male | 103 | 13% |
| **Total** | **823** | **100%** |



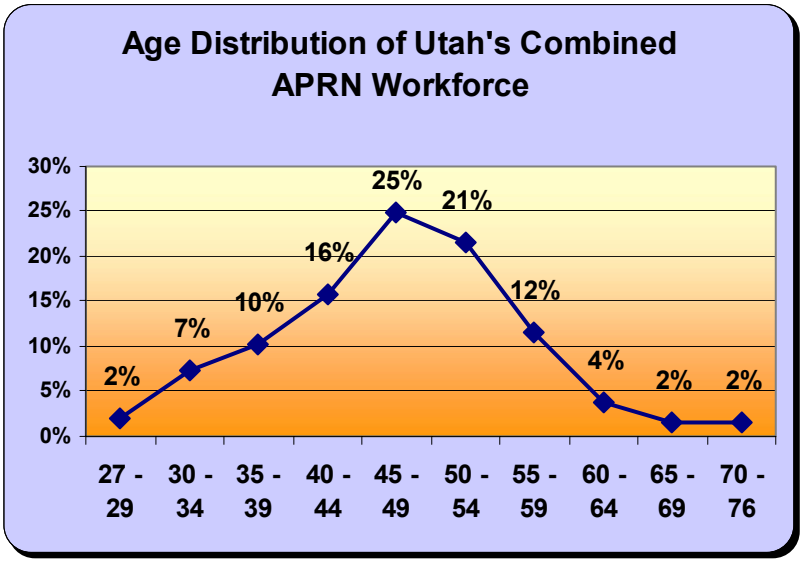
1a. Gender (continued).

2003 CRNA Workforce by Gender

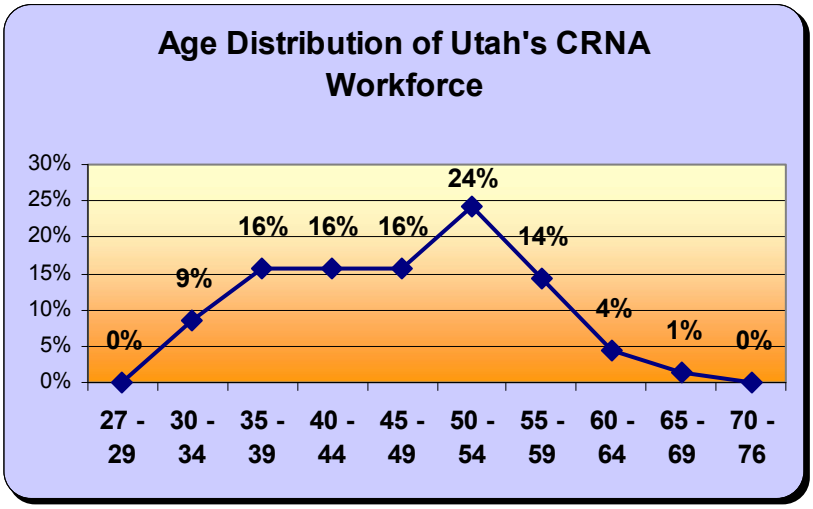
| Gender | Count | Percent |
|---|---|---|
| Female | 30 | 28% |
| Male | 78 | 72% |
| **Total** | **107** | **100%** |

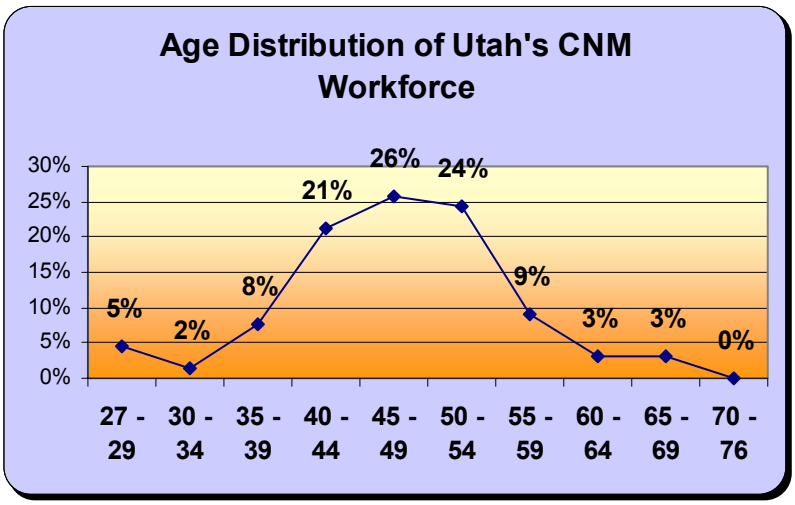


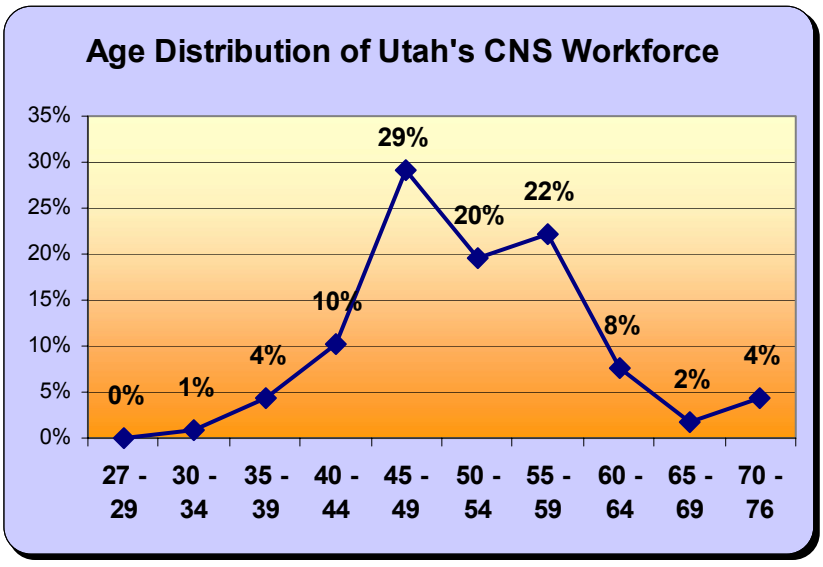

**1b. Year of Birth (reported as age during 2003) for All APRN**



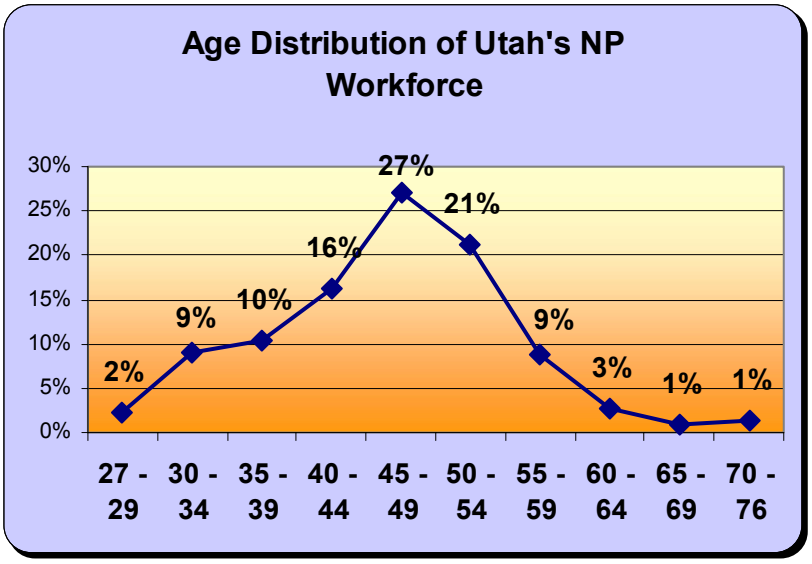
## 1b. Year of Birth (reported as age during 2003) by Category



## 1b. Year of Birth (reported as age during 2003) by Category (continued)




## 1c. Please indicate the location of your primary practice by state and zip code (used to determine county where primary practice was located).

**State Where Primary Practice is Located**

| State | Percent |
|---|---|
| Arizona | <1% |
| Colorado | <1% |
| Florida | <1% |
| Idaho | 1% |
| Iowa | <1% |
| Massachusetts | <1% |
| New Mexico | <1% |
| Utah | 98% |
| **Total** | **100%** |

## 1c. County of Primary Practice

County of Primary Practice - CNS

| County | Count | Percent |
|---|---|---|
| Davis | 7 | 4% |
| Grand | 1 | 1% |
| Iron | 1 | 1% |
| Salt Lake | 120 | 69% |
| Summit | 4 | 2% |
| Utah | 10 | 6% |
| Wasatch | 1 | 1% |
| Washington | 3 | 2% |
| Weber | 17 | 10% |
| Not Reported | 10 | 6% |
| **Total** | **175** | **100%** |

## 1c. County of Primary Practice

County of Primary Practice - CRNA

| County | Count | Percent |
|---|---|---|
| Box Elder | 4 | 4% |
| Carbon | 1 | 1% |
| Davis | 4 | 4% |
| Duchesne | 1 | 1% |
| Garfield | 3 | 3% |
| Grand | 1 | 1% |
| Iron | 4 | 4% |
| Juab | 3 | 3% |
| Kane | 1 | 1% |
| Millard | 3 | 3% |
| Rich | 1 | 1% |
| Salt Lake | 23 | 21% |
| San Juan | 1 | 1% |
| Sevier | 1 | 1% |
| Toele | 3 | 3% |
| Uintah | 1 | 1% |
| Utah | 24 | 22% |
| Wasatch | 4 | 4% |
| Washington | 3 | 3% |
| Weber | 7 | 7% |
| Not Reported | 11 | 11% |
| **Total** | **107** | **100%** |

## 1c. County of Primary Practice (continued)

County of Primary Practice - CNM

| County | Count | Percent |
|---|---|---|
| Cache | 4 | 4.4% |
| Davis | 8 | 8.8% |
| Garfield | 1 | 1.5% |
| Iron | 1 | 1.5% |
| Salt Lake | 56 | 58.8% |
| Sevier | 1 | 1.5% |
| Summit | 1 | 1.5% |
| Utah | 11 | 11.8% |
| Washington | 3 | 2.9% |
| Weber | 6 | 5.9% |
| Not Reported | 1 | 1.5% |
| Total | 96 | 100.0% |

County of Primary Practice - NP

| County | Count | Percent |
|---|---|---|
| Cache | 17 | 2.7% |
| Carbon | 3 | 0.5% |
| Davis | 27 | 4.3% |
| Duchesne | 3 | 0.5% |
| Emery | 3 | 0.5% |
| Garfield | 1 | 0.2% |
| Grand | 3 | 0.5% |
| Iron | 10 | 1.6% |
| Juab | 1 | 0.2% |
| Millard | 1 | 0.2% |
| Rich | 1 | 0.2% |
| Salt Lake | 361 | 58.3% |
| San Juan | 3 | 0.5% |
| San Pete | 1 | 0.2% |
| Summit | 14 | 2.3% |
| Tooele | 7 | 1.1% |
| Uintah | 4 | 0.7% |
| Utah | 63 | 10.3% |
| Wasatch | 6 | 0.9% |
| Washington | 23 | 3.6% |
| Weber | 25 | 4.1% |
| Not Reported | 41 | 6.6% |
| Total | 619 | 100% |

County of Primary Practice - All APRN

| County | Count | Percent |
|---|---|---|
| Box Elder | 4 | 0.5% |
| Cache | 21 | 2.3% |
| Carbon | 4 | 0.5% |
| Davis | 48 | 5.1% |
| Duchesne | 4 | 0.5% |
| Emery | 3 | 0.3% |
| Garfield | 4 | 0.5% |
| Grand | 6 | 0.6% |
| Iron | 16 | 1.7% |
| Juab | 4 | 0.5% |
| Kane | 1 | 0.2% |
| Millard | 4 | 0.5% |
| Rich | 1 | 0.2% |
| Salt Lake | 510 | 54.6% |
| San Juan | 4 | 0.5% |
| San Pete | 3 | 0.3% |
| Sevier | 3 | 0.3% |
| Summit | 17 | 1.8% |
| Tooele | 10 | 1.1% |
| Uintah | 7 | 0.8% |
| Utah | 106 | 11.3% |
| Wasatch | 10 | 1.1% |
| Washington | 31 | 3.3% |
| Weber | 52 | 5.6% |
| Not Reported | 61 | 6.5% |
| **Total** | **935** | **100.0%** |

## 2. In an average week, how many inpatients do you see?

**Total Inpatient Visits - All APRN**

| Patients Seen | Number of Respondents |
|---|---|
| 0 | 484 |
| 1-9 | 161 |
| 10-19 | 69 |
| 20-29 | 45 |
| 30-39 | 30 |
| 40-49 | 16 |
| 50-59 | 10 |
| 60-69 | 0 |
| 70-79 | 1 |
| 80-89 | 0 |
| 90-99 | 4 |
| 100-109 | 6 |
| 110-119 | 0 |
| 120-129 | 4 |
| 130+ | 3 |

## 2. In an average week, how many inpatients do you see? (continued)

**Total inpatients - All APRN (Excluding CRNA)**

| Patient Visits | Count | Percent |
|---|---|---|
| 0 | 462 | 61% |
| 1-9 | 142 | 19% |
| 10-19 | 49 | 6% |
| 20-29 | 38 | 5% |
| 30-39 | 24 | 3% |
| 40-49 | 16 | 2% |
| 50-59 | 10 | 1% |
| 70-79 | 1 | 0% |
| 90-99 | 4 | 1% |
| 100-109 | 6 | 1% |
| 120-129 | 4 | 1% |
| 170-179 | 1 | 0% |
| 180+ | 1 | 0% |
| Total | 760 | 100% |

**Total Inpatient Visits - CNS**

| Patient Visits | Count | Percent |
|---|---|---|
| 0 | 100 | 62% |
| 1-9 | 21 | 13% |
| 10-19 | 14 | 9% |
| 20-29 | 7 | 4% |
| 30-39 | 10 | 6% |
| 40-49 | 4 | 3% |
| 50-59 | 3 | 2% |
| 100-109 | 1 | 1% |
| **Total** | **161** | **100%** |

**Total Inpatients - CRNA**

| Patient Visits | Count | Percent |
|---|---|---|
| 0 | 21 | 29% |
| 1-9 | 18 | 25% |
| 10-19 | 20 | 27% |
| 20-29 | 7 | 10% |
| 30-39 | 6 | 8% |
| **Total** | **72** | **100%** |

**Total Inpatients - CNM**

| Patient Visits | Count | Percent |
|---|---|---|
| 0 | 13 | 15% |
| 1-9 | 66 | 76% |
| 10-19 | 4 | 5% |
| 20-29 | 1 | 2% |
| 30-39 | 1 | 2% |
| 100-109 | 1 | 2% |
| **Total** | **87** | **100%** |

**Total Inpatients - NP**

| Patient Visits | Count | Percent |
|---|---|---|
| 0 | 378 | 64% |
| 1-9 | 80 | 14% |
| 10-19 | 39 | 7% |
| 20-29 | 32 | 6% |
| 30-39 | 16 | 3% |
| 40-49 | 14 | 2% |
| 50-59 | 8 | 1% |
| 70-79 | 1 | 0% |
| 90-99 | 4 | 1% |
| 100-109 | 6 | 1% |
| 120-129 | 4 | 1% |
| 170-179 | 1 | 0% |
| 180+ | 1 | 0% |
| **Total** | **587** | **100%** |

## 3. In an average week, how many outpatients do you see?

**Total Outpatient Visits - All APRN**

| Patients Seen | Number of Respondents |
|---|---|
| 0 | 141 |
| 1-9 | 69 |
| 10-19 | 58 |
| 20-29 | 97 |
| 30-39 | 63 |
| 40-49 | 90 |
| 50-59 | 76 |
| 60-69 | 69 |
| 70-79 | 37 |
| 80-89 | 35 |
| 90-99 | 16 |
| 100-109 | 42 |
| 110-119 | 6 |
| 120-129 | 20 |
| 130-139 | 3 |
| 140+ | 16 |

## 3. In an average week, how many outpatients do you see? (continued)

**Total Outpatients - All APRN (Excluding CRNA)**

| Patient Visits | Count | Percent |
|---|---|---|
| 0 | 113 | 15% |
| 1-9 | 47 | 6% |
| 10-19 | 49 | 6% |
| 20-29 | 90 | 12% |
| 30-39 | 58 | 8% |
| 40-49 | 90 | 12% |
| 50-59 | 76 | 10% |
| 60-69 | 69 | 9% |
| 70-79 | 37 | 5% |
| 80-89 | 35 | 5% |
| 90-99 | 16 | 2% |
| 100-109 | 42 | 6% |
| 110-119 | 6 | 1% |
| 120-129 | 20 | 3% |
| 130-139 | 3 | 0% |
| 140-149 | 1 | 0% |
| 150-159 | 4 | 1% |
| 160-169 | 6 | 1% |
| 170-179 | 3 | 0% |
| 180+ | 1 | 0% |
| Total | 766 | 100% |

**Total Outpatient Visits-CNS**

| Patient Visits | Count | Percent |
|---|---|---|
| 0 | 39 | 24% |
| 1-9 | 20 | 12% |
| 10-19 | 10 | 6% |
| 20-29 | 16 | 10% |
| 30-39 | 11 | 7% |
| 40-49 | 27 | 17% |
| 50-59 | 17 | 11% |
| 60-69 | 4 | 3% |
| 70-79 | 4 | 3% |
| 80-89 | 6 | 4% |
| 100-109 | 4 | 2% |
| 110-119 | 2 | 1% |
| 120-129 | 1 | 1% |
| **Total** | **160** | **100%** |

**Total Outpatients - CRNA**

| Patient Visits | Count | Percent |
|---|---|---|
| 0 | 28 | 39% |
| 1-9 | 23 | 31% |
| 10-19 | 8 | 12% |
| 20-29 | 7 | 10% |
| 30-39 | 6 | 8% |
| **Total** | **72** | **100%** |

**Total Outpatients - CNM**

| Patient Visits | Count | Percent |
|---|---|---|
| 0 | 1 | 2% |
| 1-9 | 1 | 2% |
| 10-19 | 6 | 6% |
| 20-29 | 8 | 10% |
| 30-39 | 14 | 16% |
| 40-49 | 18 | 21% |
| 50-59 | 16 | 17% |
| 60-69 | 11 | 13% |
| 70-79 | 1 | 2% |
| 80-89 | 0 | 0% |
| 90-99 | 4 | 5% |
| 100-109 | 4 | 5% |
| 110-119 | 1 | 2% |
| 120-129 | 1 | 2% |
| **Total** | **89** | **100%** |

Total Outpatients - NP

| Patient Visits | Count | Percent |
|---|---|---|
| 0 | 89 | 15% |
| 1-9 | 32 | 6% |
| 10-19 | 35 | 6% |
| 20-29 | 76 | 13% |
| 30-39 | 34 | 6% |
| 40-49 | 55 | 9% |
| 50-59 | 54 | 9% |
| 60-69 | 58 | 10% |
| 70-79 | 32 | 6% |
| 80-89 | 31 | 5% |
| 90-99 | 14 | 2% |
| 100-109 | 38 | 6% |
| 110-119 | 4 | 1% |
| 120-129 | 17 | 3% |
| 130-139 | 3 | 0% |
| 140-149 | 1 | 0% |
| 150-159 | 4 | 1% |
| 160-169 | 6 | 1% |
| 170-179 | 3 | 0% |
| 180+ | 1 | 0% |
| **Total** | **588** | **100%** |

**3a. Responses from questions regarding the number of both in and outpatients were used to calculate the total number of patients seen in an average week.**

**Total Patient Visits - All APRN**

| Patients Seen | Number of Respondents |
|---|---|
| 0 | 59 |
| 1-9 | 45 |
| 10-19 | 78 |
| 20-29 | 120 |
| 30-39 | 89 |
| 40-49 | 102 |
| 50-59 | 79 |
| 60-69 | 78 |
| 70-79 | 44 |
| 80-89 | 35 |
| 90-99 | 21 |
| 100-109 | 44 |
| 110-119 | 10 |
| 120-129 | 28 |
| 130-139 | 3 |
| 140-149 | 3 |
| 150-159 | 4 |
| 160-169 | 1 |
| 170-179 | 6 |
| 180+ | 6 |

**Total Patients - CRNA**

| Patient Visits | Count | Percent |
|---|---|---|
| 0 | 10 | 13% |
| 1-9 | 14 | 19% |
| 10-19 | 17 | 23% |
| 20-29 | 18 | 25% |
| 30-39 | 11 | 15% |
| 40-49 | 1 | 2% |
| 50-59 | 1 | 2% |
| **Total** | **73** | **100%** |

**Total Patients - CNM**

| Patient Visits | Count | Percent |
|---|---|---|
| 1-9 | 1 | 2% |
| 10-19 | 6 | 6% |
| 20-29 | 8 | 9% |
| 30-39 | 14 | 16% |
| 40-49 | 14 | 16% |
| 50-59 | 18 | 20% |
| 60-69 | 13 | 14% |
| 70-79 | 1 | 2% |
| 80-89 | 1 | 2% |
| 90-99 | 3 | 3% |
| 100-109 | 7 | 8% |
| 120-129 | 3 | 3% |
| **Total** | **90** | **100%** |

**Total Patient Visits - CNS**

| Patient Visits | Count | Percent |
|---|---|---|
| 0 | 18 | 11% |
| 1-9 | 16 | 9% |
| 10-19 | 14 | 9% |
| 20-29 | 21 | 13% |
| 30-39 | 20 | 12% |
| 40-49 | 27 | 16% |
| 50-59 | 18 | 11% |
| 60-69 | 8 | 5% |
| 70-79 | 4 | 3% |
| 80-89 | 4 | 3% |
| 100-109 | 7 | 4% |
| 110-119 | 3 | 2% |
| 120-129 | 3 | 2% |
| **Total** | **164** | **100%** |

## 3a. Responses from questions regarding the number of both in and outpatients were used to calculate the total number of patients seen in an average week. (by category - continued)

**Total Patients - NP**

| Patient Visits | Count | Percent |
|---|---|---|
| 0 | 34 | 6% |
| 1-9 | 18 | 3% |
| 10-19 | 47 | 8% |
| 20-29 | 85 | 14% |
| 30-39 | 49 | 8% |
| 40-49 | 72 | 12% |
| 50-59 | 51 | 8% |
| 60-69 | 62 | 10% |
| 70-79 | 39 | 7% |
| 80-89 | 31 | 5% |
| 90-99 | 20 | 3% |
| 100-109 | 38 | 6% |
| 110-119 | 8 | 1% |
| 120-129 | 24 | 4% |
| 130-139 | 3 | 0% |
| 140-149 | 3 | 0% |
| 150-159 | 4 | 1% |
| 160-169 | 1 | 0% |
| 170-179 | 6 | 1% |
| 180+ | 6 | 1% |
| **Total** | **601** | **100%** |

**Total Patients - All APRN (Excluding CRNA)**

| Patient Visits | Count | Percent |
|---|---|---|
| 0 | 49 | 6% |
| 1-9 | 31 | 4% |
| 10-19 | 61 | 8% |
| 20-29 | 102 | 13% |
| 30-39 | 78 | 10% |
| 40-49 | 100 | 13% |
| 50-59 | 78 | 10% |
| 60-69 | 78 | 10% |
| 70-79 | 44 | 6% |
| 80-89 | 35 | 5% |
| 90-99 | 21 | 3% |
| 100-109 | 44 | 6% |
| 110-119 | 10 | 1% |
| 120-129 | 28 | 4% |
| 130-139 | 3 | 0% |
| 140-149 | 3 | 0% |
| 150-159 | 4 | 1% |
| 160-169 | 1 | 0% |
| 170-179 | 6 | 1% |
| 180+ | 6 | 1% |
| Total | 780 | 100% |

## 4a. Average days spent waiting for an appointment (established patients)

**Est. Patient Wait - All APRN**

| Days | Count | Percent |
|---|---|---|
| 0 | 334 | 36% |
| 1-7 | 293 | 31% |
| 8-14 | 65 | 7% |
| 15-21 | 17 | 2% |
| 22-28 | 4 | 0% |
| 29-35 | 18 | 2% |
| 36-42 | 6 | 1% |
| 43-49 | 4 | 0% |
| 57-63 | 1 | 0% |
| 64+ | 18 | 2% |
| Not Reported | 173 | 19% |
| **Total** | **935** | **100%** |

## 4a. Average days spent waiting for an appointment (established patients - continued)

**Est. Patient Wait - All APRN (Excluding CRNA)**

| Days | Count | Percent |
|---|---|---|
| 0 | 279 | 34% |
| 1-7 | 289 | 35% |
| 8-14 | 63 | 8% |
| 15-21 | 17 | 2% |
| 22-28 | 4 | 1% |
| 29-35 | 18 | 2% |
| 36-42 | 6 | 1% |
| 43-49 | 4 | 1% |
| 57-63 | 1 | 0% |
| 64+ | 18 | 2% |
| Not Reported | 127 | 15% |
| **Total** | **828** | **100%** |

**Est. Patient Wait - CRNA**

| Days | Count | Percent |
|---|---|---|
| 0 | 55 | 51% |
| 1-7 | 4 | 4% |
| 8-14 | 1 | 1% |
| Not Reported | 47 | 43% |
| **Total** | **107** | **100%** |

**Est. Patient Wait - CNS**

| Days | Count | Percent |
|---|---|---|
| 0 | 68 | 39% |
| 1-7 | 55 | 31% |
| 8-14 | 16 | 9% |
| 15-21 | 4 | 2% |
| 29-35 | 6 | 3% |
| 57-63 | 1 | 1% |
| 64+ | 1 | 1% |
| Not Reported | 24 | 14% |
| **Total** | **175** | **100%** |

**Est. Patient Wait - CNM**

| Days | Count | Percent |
|---|---|---|
| 0 | 18 | 19% |
| 1-7 | 51 | 53% |
| 8-14 | 7 | 7% |
| 15-21 | 4 | 4% |
| 29-35 | 1 | 1% |
| 36-42 | 1 | 1% |
| Not Reported | 13 | 13% |
| **Total** | **96** | **100%** |

**Est. Patient - NP**

| Days | Count | Percent |
|---|---|---|
| 0 | 226 | 36% |
| 1-7 | 216 | 35% |
| 8-14 | 47 | 8% |
| 15-21 | 8 | 1% |
| 22-28 | 4 | 1% |
| 29-35 | 14 | 2% |
| 36-42 | 4 | 1% |
| 43-49 | 4 | 1% |
| 64+ | 18 | 3% |
| Not Reported | 78 | 13% |
| **Total** | **619** | **100%** |

## 4b. Average days spent waiting for an appointment (new patients)

**New Patient Wait -All APRN**

| Days | Count | Percent |
|---|---|---|
| 0 | 288 | 31% |
| 1-7 | 269 | 29% |
| 8-14 | 82 | 9% |
| 15-21 | 35 | 4% |
| 22-28 | 7 | 1% |
| 29-35 | 30 | 3% |
| 36-42 | 3 | 0% |
| 43-49 | 6 | 1% |
| 50-56 | 3 | 0% |
| 57-63 | 10 | 1% |
| 64+ | 24 | 3% |
| Not Reported | 179 | 19% |
| **Total** | **935** | **100%** |

## 4b. Average days spent waiting for an appointment (new patients - continued)

**New Patient Wait - All APRN (Excluding CRNA)**

| Days | Count | Percent |
|---|---|---|
| 0 | 233 | 28% |
| 1-7 | 266 | 32% |
| 8-14 | 80 | 10% |
| 15-21 | 35 | 4% |
| 22-28 | 7 | 1% |
| 29-35 | 30 | 4% |
| 36-42 | 3 | 0% |
| 43-49 | 6 | 1% |
| 50-56 | 3 | 0% |
| 57-63 | 10 | 1% |
| 64+ | 23 | 3% |
| Not Reported | 133 | 16% |
| **Total** | **828** | **100%** |

**New Patient Wait - CRNA**

| Days | Count | Percent |
|---|---|---|
| 0 | 55 | 51% |
| 1-7 | 3 | 3% |
| 8-14 | 1 | 1% |
| 64+ | 1 | 1% |
| Not Reported | 47 | 43% |
| **Total** | **107** | **100%** |

**New Patient Wait - CNS**

| Days | Count | Percent |
|---|---|---|
| 0 | 62 | 35% |
| 1-7 | 47 | 27% |
| 8-14 | 21 | 12% |
| 15-21 | 3 | 2% |
| 22-28 | 3 | 2% |
| 29-35 | 13 | 7% |
| 57-63 | 1 | 1% |
| 64+ | 3 | 2% |
| Not Reported | 23 | 13% |
| **Total** | **175** | **100%** |

**New Patient Wait - CNM**

| Days | Count | Percent |
|---|---|---|
| 0 | 14 | 15% |
| 1-7 | 38 | 40% |
| 8-14 | 17 | 18% |
| 15-21 | 7 | 7% |
| 22-28 | 1 | 1% |
| 29-35 | 1 | 1% |
| 36-42 | 1 | 1% |
| 57-63 | 3 | 3% |
| Not Reported | 13 | 13% |
| **Total** | **96** | **100%** |

**New Patient Wait - NP**

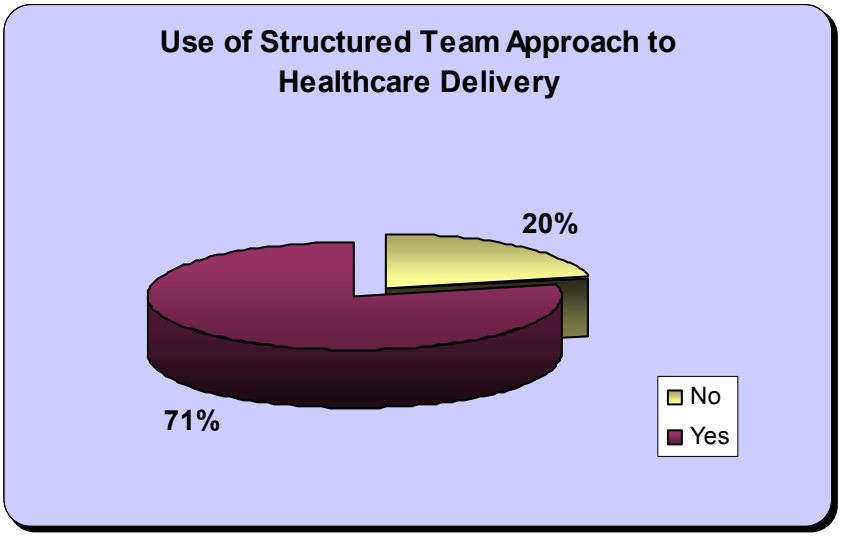
| Days | Count | Percent |
|---|---|---|
| 0 | 186 | 30% |
| 1-7 | 207 | 33% |
| 8-14 | 55 | 9% |
| 15-21 | 25 | 4% |
| 22-28 | 4 | 1% |
| 29-35 | 17 | 3% |
| 36-42 | 1 | 0% |
| 43-49 | 6 | 1% |
| 50-56 | 3 | 0% |
| 57-63 | 7 | 1% |
| 64+ | 23 | 4% |
| Not Reported | 85 | 14% |
| **Total** | **619** | **100%** |

## 5. Are you providing patient care as part of a structured team approach?

**Structured Team Approach Used**

| | Count | Percent |
|---|---|---|
| No | 185 | 20% |
| Yes | 666 | 71% |
| Not Reported | 85 | 9% |
| **Total** | **935** | **100%** |

**5. Are you providing patient care as part of a structured team approach? (continued)**




**6. How many more years do you intend to continue practicing at your primary and secondary work-site(s)?**

**Additional Years at Primary Location**

| Years Cohorts | Count | Percent |
|---|---|---|
| 0 | 13 | 1% |
| 1-5 | 202 | 22% |
| 6-10 | 247 | 26% |
| 11-15 | 148 | 16% |
| 16-20 | 118 | 13% |
| 21-25 | 21 | 2% |
| 26-30 | 16 | 2% |
| 31-35 | 1 | <1 |
| Not Reported | 169 | 18% |
| **Total** | **935** | **100%** |

**Additional Years at Secondary Location**

| Years Cohorts | Count | Percent |
|---|---|---|
| 0 | 20 | 10% |
| 1-5 | 62 | 31% |
| 6-10 | 55 | 27% |
| 11-15 | 38 | 19% |
| 16-20 | 17 | 8% |
| 21-25 | 6 | 3% |
| 26-30 | 3 | 1% |
| 31-35 | 1 | 1% |
| **Total** | **202** | **100%** |

## 7. Location of sites where you spend the most time providing direct patient care

Respondents were asked to provide information regarding the city, state and zip-code of their primary and secondary work locations in addition to the number of hours worked at each site listed. Only hours worked at each site is reported here as location of work-sites is reported previously.

**Hours Worked at Primary Location**

| Hours Cohorts | Count | Percent |
|---|---|---|
| 0 | 1 | <1% |
| 1-10 | 63 | 7% |
| 11-20 | 124 | 13% |
| 21-30 | 121 | 13% |
| 31-40 | 402 | 43% |
| 41-50 | 65 | 7% |
| 51-60 | 32 | 3% |
| 61+ | 14 | 2% |
| Not Reported | 111 | 12% |
| **Total** | **935** | **100%** |

**Hours Worked at Secondary Location**

| Hours Cohorts | Count | Percent |
|---|---|---|
| 0 | 3 | 1% |
| 1-10 | 124 | 54% |
| 11-20 | 82 | 36% |
| 21-30 | 8 | 4% |
| 31-40 | 8 | 4% |
| 41-50 | 3 | 1% |
| **Total** | **228** | **100%** |

## 8a. Which of the following best describes your work setting? (numbers)

| Primary Work Setting - Numbers | CNS | CRNA | CNM | NP | All APRN |
|---|---|---|---|---|---|
| Self-Employed | 21 | 51 | 18 | 35 | 125 |
| Solo Physician Practice | 3 | | 13 | 68 | 83 |
| Multi-Specialty Physician Group | 6 | 6 | 14 | 63 | 89 |
| Hospital-University | 25 | 10 | 13 | 90 | 138 |
| Hospital/Clinic-IHC | 32 | 11 | 18 | 102 | 164 |
| Hospital-Other | 20 | 16 | 3 | 38 | 76 |
| School Health | 1 | | | 13 | 14 |
| Planning Agency | | | | 7 | 7 |
| Home Health Agency | 3 | | | 6 | 8 |
| HMO | 1 | | | 3 | 4 |
| Community Health Center | 14 | | | 24 | 38 |
| Nursing Home or LTC/MR Facility | | | | 4 | 4 |
| Free-Standing Health Center or Clinic | 13 | 6 | 11 | 93 | 123 |
| Occupational Health | 1 | | | 7 | 8 |
| Faculty/Teaching Position | 14 | | 3 | 21 | 38 |
| Insurace Company/Private Industry | 1 | | 1 | 3 | 6 |
| Prison or Jail | | | | 4 | 4 |
| Other | 14 | 7 | | 24 | 45 |
| Not Reported | 4 | 1 | 1 | 14 | 21 |
| **Total** | **175** | **107** | **96** | **619** | **997** |

## 8a. Which of the following best describes your work setting? (percent)

| Primary Work Setting - Percent | CNS | CRNA | CNM | APRN | All APRN |
|---|---|---|---|---|---|
| Self-Employed | 12.1% | 47.4% | 19.1% | 5.7% | 12.6% |
| Solo Physician Practice | 1.6% | 0% | 13.2% | 10.9% | 8.3% |
| Multi-Specialty Physician Group | 3.2% | 5.3% | 14.7% | 10.3% | 8.9% |
| Hospital-University | 14.5% | 9.2% | 13.2% | 14.6% | 13.9% |
| Hospital/Clinic-IHC | 18.5% | 10.5% | 19.1% | 16.4% | 16.4% |
| Hospital-Other | 11.3% | 14.5% | 2.9% | 6.2% | 7.6% |
| School Health | 0.8% | 0% | 0% | 2.1% | 1.4% |
| Planning Agency | 0% | 0% | 0% | 1.1% | 0.7% |
| Home Health Agency | 1.6% | 0% | 0% | 0.9% | 0.8% |
| HMO | 0.8% | 0% | 0% | 0.5% | 0.4% |
| Community Health Center | 8.1% | 0% | 0% | 3.9% | 3.8% |
| Nursing Home or LTC/MR Facility | 0% | 0% | 0% | 0.7% | 0.4% |
| Free-Standing Health Center or Clinic | 7.3% | 5.3% | 11.8% | 15.0% | 12.3% |
| Occupational Health | 0.8% | 0% | 0% | 1.1% | 0.8% |
| Faculty/Teaching Position | 8.1% | 0% | 2.9% | 3.4% | 3.8% |
| Insurace Company/Private Industry | 0.8% | 0% | 1.5% | 0.5% | 0.6% |
| Prison or Jail | 0% | 0% | 0% | 0.7% | 0.4% |
| Other | 8.1% | 6.6% | 0% | 3.9% | 4.5% |
| Missing | 2.4% | 1.3% | 1.5% | 2.3% | 2.1% |

## 9. Which type of patients do you normally treat?

**Type of Patient Primarily Seen - All APRN**

| Patient Type | Count | Percent |
|---|---|---|
| Patient Care not Specified | 180 | 19% |
| Chronic Care | 58 | 6% |
| Coronary Care | 18 | 2% |
| Neurological | 14 | 2% |
| Newborn | 32 | 3% |
| Ob/Gyn | 111 | 12% |
| Orthopedic | 7 | 1% |
| Pediatric | 76 | 8% |
| Psychiatric | 59 | 6% |
| Rehabilitation | 3 | 0% |
| Basic Med/Surg | 27 | 3% |
| Other | 97 | 10% |
| Not Reported | 251 | 27% |
| **Total** | **935** | **100%** |

**Type of Patient Primarily Seen - All APRN (Excluding CRNA)**

| Patient Type | Count | Percent |
|---|---|---|
| Patient Care not Specified | 148 | 18% |
| Chronic Care | 58 | 7% |
| Coronary Care | 18 | 2% |
| Neurological | 14 | 2% |
| Newborn | 32 | 4% |
| Ob/Gyn | 106 | 13% |
| Orthopedic | 4 | 1% |
| Pediatric | 75 | 9% |
| Psychiatric | 59 | 7% |
| Rehabilitation | 3 | 0% |
| Basic Med/Surg | 14 | 2% |
| Other | 82 | 10% |
| Not Reported | 214 | 26% |
| **Total** | **828** | **100%** |

## 9. Which type of patients do you normally treat? (continued)

**Type of Patient Primarily Seen - NP**

| Patient Type | Count | Percent |
|---|---|---|
| Patient Care not Specified | 142 | 23% |
| Chronic Care | 58 | 9% |
| Coronary Care | 16 | 3% |
| Neurological | 14 | 2% |
| Newborn | 30 | 5% |
| Ob/Gyn | 49 | 8% |
| Orthopedic | 4 | 1% |
| Pediatric | 70 | 11% |
| Psychiatric | 17 | 3% |
| Rehabilitation | 3 | 0% |
| Basic Med/Surg | 14 | 2% |
| Other | 73 | 12% |
| Not Reported | 128 | 21% |
| **Total** | **619** | **100%** |

**Type of Patient Primarily Seen - CNM**

| Patient Type | Count | Percent |
|---|---|---|
| Patient Care not Specified | 3 | 3% |
| Newborn | 1 | 1% |
| Ob/Gyn | 68 | 71% |
| Not Reported | 24 | 25% |
| **Total** | **96** | **100%** |

**Type of Patient Primarily Seen - CNS**

| Patient Type | Count | Percent |
|---|---|---|
| Patient Care not Specified | 18 | 10% |
| Chronic Care | 3 | 2% |
| Coronary Care | 4 | 2% |
| Neurological | 1 | 1% |
| Newborn | 7 | 4% |
| Ob/Gyn | 4 | 2% |
| Pediatric | 7 | 4% |
| Psychiatric | 45 | 26% |
| Basic Med/Surg | 1 | 1% |
| Other | 16 | 9% |
| Not Reported | 68 | 39% |
| **Total** | **175** | **100%** |

## 10. In your specific work situation, how many hours per week are considered full time for an APRN?

**Number of Hours per Week for Full-Time**

| Hours Cohorts | Count | Percent |
|---|---|---|
| 26-30 | 23 | 2% |
| 31-35 | 70 | 8% |
| 36-40 | 417 | 45% |
| 41-45 | 58 | 6% |
| 46-50 | 25 | 3% |
| 51+ | 35 | 4% |
| N/A | 61 | 6% |
| Not Reported | 245 | 26% |
| **Total** | **935** | **100%** |

## 11. How many hours per week do you work?

**Total Hours Worked per Week**

| Hours Cohorts | Count | Percent |
|---|---|---|
| Zero | 1 | 0.2% |
| 1-4 | 13 | 1.4% |
| 5-9 | 8 | 0.9% |
| 10-14 | 8 | 0.9% |
| 15-19 | 11 | 1.2% |
| 20-24 | 47 | 5.0% |
| 25-29 | 18 | 2.0% |
| 30-34 | 65 | 6.9% |
| 35-39 | 49 | 5.3% |
| 40-44 | 266 | 28.5% |
| 45-49 | 58 | 6.2% |
| 50-54 | 56 | 6.0% |
| 55-59 | 16 | 1.7% |
| 60-64 | 32 | 3.5% |
| 65-69 | 8 | 0.9% |
| 70 + | 16 | 1.7% |
| Not Reported | 261 | 27.9% |
| **Total** | **935** | **100%** |

| Total Hours Worked per Week | |
|---|---|
| Mean | 39.57 |
| Median | 40.00 |

## 11a. Total hours per week allocated by activity (mean and median reported by category)

**APRN Hours per Week by Activity, Mean & Median - All APRN**

| Activity | Mean | Median |
|---|---|---|
| Patient Care | 26.13 | 30 |
| Patient Care/Teaching | 6.69 | 0 |
| Total Patient Care - Combined | 32.88 | 36 |
| Teaching | 2.65 | 0 |
| Administration/Management | 2.11 | 0 |
| Research | 0.77 | 0 |
| Consulting | 0.47 | 0 |
| Other | 0.76 | 0 |

**APRN Hours per Week by Activity, Mean & Median - CNM**

| Activity | Mean | Median |
|---|---|---|
| Patient Care | 28.9 | 30 |
| Patient Care/Teaching | 9.12 | 0 |
| Total Patient Care - Combined | 38.02 | 39.5 |
| Teaching | 0.4 | 0 |
| Administration/Management | 3.28 | 0 |
| Research | 0.38 | 0 |
| Consulting | 0.02 | 0 |
| Other | 0.14 | 0 |

**APRN Hours per Week by Activity, Mean & Median - CNS**

| Activity | Mean | Median |
|---|---|---|
| Patient Care | 21.55 | 20 |
| Patient Care/Teaching | 8.05 | 0 |
| Total Patient Care - Combined | 29.62 | 35 |
| Teaching | 5.12 | 0 |
| Administration/Management | 3.34 | 0 |
| Research | 0.99 | 0 |
| Consulting | 1.05 | 0 |
| Other | 1.18 | 0 |

**APRN Hours per Week by Activity, Mean & Median - CRNA**

| Activity | Mean | Median |
|---|---|---|
| Patient Care | 40.27 | 40 |
| Patient Care/Teaching | 3.47 | 0 |
| Total Patient Care - Combined | 43.75 | 40 |
| Teaching | 0.16 | 0 |
| Administration/Management | 0.51 | 0 |
| Research | 0.02 | 0 |
| Consulting | 0.04 | 0 |
| Other | 1.57 | 0 |

**APRN Hours per Week by Activity, Mean & Median - NP**

| Activity | Mean | Median |
|---|---|---|
| Patient Care | 24.51 | 27 |
| Patient Care/Teaching | 6.76 | 0 |
| Total Patient Care - Combined | 31.32 | 35 |
| Teaching | 2.71 | 0 |
| Administration/Management | 2.11 | 0 |
| Research | 0.89 | 0 |
| Consulting | 0.54 | 0 |
| Other | 0.62 | 0 |

## 12. What percent of your patients are: Medicaid, Medicare, self pay, managed care, Tri-Care (Champus), workman's comp, VA, PCN, charity (including uncollected billings)?

**Patient Mix - % Medicaid**

| Cohort | Count | Percent |
|---|---|---|
| 0% | 157 | 28% |
| 1-10% | 123 | 22% |
| 11-20% | 92 | 16% |
| 21-30% | 80 | 14% |
| 31-40% | 35 | 6% |
| 41-50% | 24 | 4% |
| 51-60% | 20 | 4% |
| 61-70% | 11 | 2% |
| 71-80% | 7 | 1% |
| 81-90% | 13 | 2% |
| 91-100% | 1 | 0% |
| **Total** | **563** | **100%** |

**Patient Mix - % Medicare**

| Cohort | Count | Percent |
|---|---|---|
| 0% | 250 | 45% |
| 1-10% | 118 | 21% |
| 11-20% | 55 | 10% |
| 21-30% | 45 | 8% |
| 31-40% | 27 | 5% |
| 41-50% | 23 | 4% |
| 51-60% | 17 | 3% |
| 61-70% | 6 | 1% |
| 71-80% | 8 | 2% |
| 81-90% | 1 | 0% |
| 91-100% | 8 | 2% |
| **Total** | **558** | **100%** |

**12. What percent of your patients are: Medicaid, Medicare, self pay, managed care, Tri-Care (Champus), workman's comp, VA, PCN, charity (including uncollected billings)? (continued)**

**Patient Mix - % Self-Pay**

| Cohort | Count | Percent |
|---|---|---|
| 0% | 133 | 24% |
| 1-10% | 285 | 51% |
| 11-20% | 59 | 11% |
| 21-30% | 23 | 4% |
| 31-40% | 13 | 2% |
| 41-50% | 13 | 2% |
| 51-60% | 8 | 2% |
| 61-70% | 3 | 1% |
| 71-80% | 4 | 1% |
| 81-90% | 4 | 1% |
| 91-100% | 13 | 2% |
| **Total** | **557** | **100%** |

**Patient Mix - % Managed Care**

| Cohort | Count | Percent |
|---|---|---|
| 0% | 188 | 34% |
| 1-10% | 48 | 9% |
| 11-20% | 49 | 9% |
| 21-30% | 58 | 10% |
| 31-40% | 47 | 8% |
| 41-50% | 32 | 6% |
| 51-60% | 42 | 8% |
| 61-70% | 27 | 5% |
| 71-80% | 32 | 6% |
| 81-90% | 14 | 3% |
| 91-100% | 17 | 3% |
| **Total** | **554** | **100%** |

**Patient Mix - % Tri-Care**

| Cohort | Count | Percent |
|---|---|---|
| 0% | 433 | 78% |
| 1-10% | 99 | 18% |
| 11-20% | 8 | 2% |
| 21-30% | 3 | 1% |
| 31-40% | 3 | 1% |
| 51-60% | 1 | 0% |
| 71-80% | 1 | 0% |
| 81-90% | 1 | 0% |
| 91-100% | 3 | 1% |
| **Total** | **552** | **100%** |

**Patient Mix - % Workers Comp**

| Cohort | Count | Percent |
|---|---|---|
| 0% | 447 | 80% |
| 1-10% | 89 | 16% |
| 11-20% | 7 | 1% |
| 21-30% | 3 | 1% |
| 31-40% | 3 | 1% |
| 41-50% | 4 | 1% |
| 51-60% | 3 | 1% |
| **Total** | **556** | **100%** |

**Patient Mix - % VA**

| Cohort | Count | Percent |
|---|---|---|
| 0% | 481 | 87% |
| 1-10% | 30 | 5% |
| 31-40% | 1 | 0% |
| 41-50% | 3 | 1% |
| 61-70% | 3 | 1% |
| 81-90% | 3 | 1% |
| 91-100% | 32 | 6% |
| **Total** | **552** | **100%** |

**Patient Mix - % PCN**

| Cohort | Count | Percent |
|---|---|---|
| 0% | 479 | 87% |
| 1-10% | 39 | 7% |
| 11-20% | 10 | 2% |
| 21-30% | 8 | 2% |
| 31-40% | 4 | 1% |
| 51-60% | 4 | 1% |
| 71-80% | 3 | 1% |
| 91-100% | 1 | 0% |
| **Total** | **550** | **100%** |

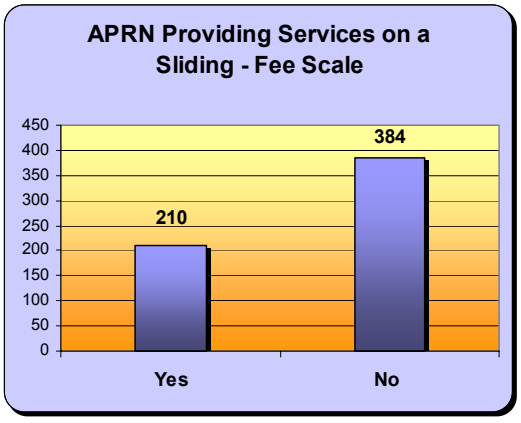
Patient Mix - % Charity

| Cohort | Count | Percent |
|---|---|---|
| 0% | 340 | 62% |
| 1-10% | 157 | 28% |
| 11-20% | 20 | 4% |
| 21-30% | 8 | 2% |
| 31-40% | 4 | 1% |
| 41-50% | 8 | 2% |
| 51-60% | 3 | 1% |
| 61-70% | 1 | 0% |
| 71-80% | 3 | 1% |
| 81-90% | 1 | 0% |
| 91-100% | 6 | 1% |
| **Total** | **551** | **100%** |

## 13. Does your clinic offer services based on ability to pay, or a sliding-fee scale based on income or family size?

Do You Offer a Sliding - Fee Scale?

| | Count | Percent |
|---|---|---|
| Yes | 210 | 22% |
| No | 384 | 41% |
| Not Reported | 341 | 37% |
| **Total** | **935** | **100%** |




## 14. Are you limiting the number of new Medicaid, Medicare non-paying, or other new patients?

Limiting New Patients by Payor Type

| Type | Limiting | Not Limiting |
|---|---|---|
| Medicaid Patients | 118 | 482 |
| Medicare Patients | 97 | 483 |
| Non-Paying Patients | 121 | 468 |
| Other New Patients | 55 | 541 |

Limiting New Patients by Payor Type (Percent)

| Type | Limiting | Not Limiting |
|---|---|---|
| Medicaid Patients | 20% | 80% |
| Medicare Patients | 17% | 83% |
| Non-Paying Patients | 21% | 79% |
| Other New Patients | 9% | 91% |

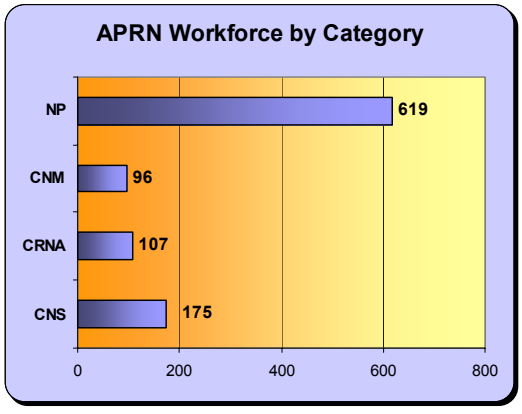
## 15a. For which APRN category(ies) have you been prepared? (Mark all that apply.)

APRN Workforce by Category

| Category | Count | Percent |
|---|---|---|
| CNS | 175 | 18% |
| CRNA | 107 | 11% |
| CNM | 96 | 10% |
| NP | 619 | 62% |
| **Total** | **997** | **100%** |

APRN Reporting Multiple Categories

| Multiple Categories | Count | Percent |
|---|---|---|
| One Category | 856 | 92% |
| Multiple Categories | 79 | 8% |
| **Total** | **935** | **100%** |



## 15b. Specialty currently practicing (by category)

Current Specialty - CRNA

| Specialty | Count | Percent |
|---|---|---|
| Adult Health/Med/Surg | 3 | 3% |
| Anesthesiology | 105 | 98% |
| **Total** | **108** | **100%** |

Current Specialty - CNM

| Specialty | Count | Percent |
|---|---|---|
| Maternal-Child Health | 16 | 17% |
| Neonatal | 7 | 7% |
| Nurse-Midwifery | 67 | 69% |
| Ob/Gyn - Women's Health | 7 | 7% |
| **Total** | **96** | **100%** |

## 15b. Specialty currently practicing (by category - continued)

Current Specialty - NP

| Specialty | Count | Percent |
|---|---|---|
| Adult Health/Med/Surg | 104 | 17% |
| Anesthesiology | 2 | 0% |
| Community/Public Health | 3 | 1% |
| Critical Care | 14 | 2% |
| Family Medicine | 257 | 42% |
| Geriatric/Gerontology | 16 | 3% |
| Maternal-Child Health | 9 | 1% |
| Neonatal | 37 | 6% |
| Nurse-Midwifery | 7 | 1% |
| Ob/Gyn - Women's Health | 33 | 5% |
| Occupational Health | 2 | 0% |
| Oncology | 14 | 2% |
| Pediatrics | 75 | 12% |
| Psychiatric/Mental Health | 14 | 2% |
| School Health | 9 | 1% |
| Other | 24 | 4% |
| **Total** | **619** | **100%** |

Current Specialty - CNS

| Specialty | Count | Percent |
|---|---|---|
| Adult Health/Med/Surg | 30 | 17% |
| Anesthesiology | 2 | 1% |
| Community/Public Health | 5 | 3% |
| Critical Care | 2 | 1% |
| Family Medicine | 22 | 13% |
| Maternal-Child Health | 2 | 1% |
| Neonatal | 12 | 7% |
| Nurse-Midwifery | 2 | 1% |
| Oncology | 2 | 1% |
| Pediatrics | 15 | 9% |
| Psychiatric/Mental Health | 72 | 41% |
| School Health | 5 | 3% |
| **Total** | **175** | **100%** |

## 15c. Specialty studied (by category)

Specialty Studied - CNM

| Specialty | Count | Percent |
|---|---|---|
| Adult Health/Medical Surgical | 3 | 3% |
| Community Health/Public Health | 2 | 2% |
| Family | 3 | 3% |
| Maternal-Child Health | 3 | 3% |
| Neonatal | 7 | 7% |
| Nurse-Midwifery | 68 | 71% |
| Ob/Gyn - Women's Health | 10 | 10% |
| **Total** | **96** | **100%** |

Specialty Studied - CRNA

| Specialty | Count | Percent |
|---|---|---|
| Adult Health/Medical Surgical | 3 | 3% |
| Anesthesia | 104 | 95% |
| **Total** | **107** | **100%** |

Specialty Studied - CNS

| Specialty | Count | Percent |
|---|---|---|
| Adult Health/Medical Surgical | 24 | 14% |
| Community Health/Public Health | 3 | 2% |
| Critical Care | 5 | 3% |
| Family | 8 | 4% |
| Geriatric/Gerentology | 2 | 1% |
| Maternal-Child Health | 12 | 7% |
| Neonatal | 6 | 3% |
| Nurse-Midwifery | 2 | 1% |
| Ob/Gyn - Women's Health | 2 | 1% |
| Occupational Health | 3 | 2% |
| Oncology | 8 | 4% |
| Pediatrics | 9 | 5% |
| Psychiatric/Mental Health | 90 | 51% |
| Rehabilitation | 2 | 1% |
| Other | 2 | 1% |
| **Total** | **175** | **100%** |

Specialty Studied - NP

| Specialty | Count | Percent |
|---|---|---|
| Adult Health/Medical Surgical | 89 | 14% |
| Community Health/Public Health | 2 | 0% |
| Critical Care | 11 | 2% |
| Family | 337 | 54% |
| Geriatric/Gerentology | 17 | 3% |
| Maternal-Child Health | 8 | 1% |
| Neonatal | 35 | 6% |
| Nurse-Midwifery | 5 | 1% |
| Ob/Gyn - Women's Health | 26 | 4% |
| Oncology | 8 | 1% |
| Pediatrics | 55 | 9% |
| Psychiatric/Mental Health | 11 | 2% |
| School Health | 8 | 1% |
| Other | 8 | 1% |
| **Total** | **619** | **100%** |

## 15d. Are you certified by a national certifying body?

Certified By National Certifying Body

| Category | Number | Percent |
|---|---|---|
| CNS | 133 | 76% |
| CRNA | 106 | 99% |
| CNM | 99 | 103% |
| NP | 563 | 91% |

## 16a. The state where your APRN degree was earned

State Where APRN Degree Earned

| State | Count | Percent |
|---|---|---|
| Arizona | 3 | 0.3% |
| Arkansas | 1 | 0.2% |
| California | 31 | 3.3% |
| Colorado | 6 | 0.6% |
| Connecticut | 7 | 0.8% |
| Delaware | 3 | 0.3% |
| Florida | 3 | 0.3% |
| Georgia | 1 | 0.2% |
| Hawaii | 3 | 0.3% |
| Idaho | 3 | 0.3% |
| Illinois | 4 | 0.5% |
| Indiana | 1 | 0.2% |
| Kansas | 6 | 0.6% |
| Kentucky | 4 | 0.5% |
| Louisiana | 1 | 0.2% |
| Maryland | 6 | 0.6% |
| Massachusetts | 6 | 0.6% |
| Minnesota | 28 | 3.0% |
| Mississippi | 3 | 0.3% |
| Missouri | 10 | 1.1% |
| Montana | 3 | 0.3% |
| Nebraska | 3 | 0.3% |
| Nevada | 3 | 0.3% |
| New Jersey | 4 | 0.5% |
| New Mexico | 3 | 0.3% |
| New York | 8 | 0.9% |
| North Carolina | 6 | 0.6% |
| North Dakota | 6 | 0.6% |
| Ohio | 3 | 0.3% |
| Oregon | 3 | 0.3% |
| Pennsylvania | 11 | 1.2% |
| Rhode Island | 1 | 0.2% |
| South Dakota | 6 | 0.6% |
| Tennessee | 4 | 0.5% |
| Texas | 14 | 1.5% |
| Utah | 668 | 71.5% |
| Virginia | 8 | 0.9% |
| Washington | 13 | 1.4% |
| Wisconsin | 6 | 0.6% |
| Washington D.C. | 11 | 1.2% |
| Not Reported | 21 | 2.3% |
| **Total** | **935** | **100.0%** |

## 16b. The institution from which you received your APRN degree

Institution Where APRN Degree was Earned

| APRN Intitution | Count | Percent |
|---|---|---|
| Brigham Young University | 151 | 16% |
| Gonzaga University | 6 | 1% |
| UC San Francisco | 10 | 1% |
| UCLA | 10 | 1% |
| University of Pennsylvania | 7 | 1% |
| University of Utah | 453 | 48% |
| University of Washington | 6 | 1% |
| Westminster College | 61 | 6% |
| Other | 118 | 13% |
| Not Reported | 114 | 12% |
| **Total** | **935** | **100%** |

"Other" includes institutions with counts fewer than 5

## 17a. Continuing education programs participated in during past year (2002)

Past Continuing Education Programs

| Description | Count | Percent |
|---|---|---|
| None | 39 | 4% |
| Case Management | 138 | 15% |
| Quality Improvement | 144 | 15% |
| Risk Management | 51 | 5% |
| Clinical Care | 450 | 48% |
| Informatics | 6 | 1% |
| Leadership/Supervision | 8 | 1% |
| Other | 27 | 3% |
| Not Reported | 72 | 8% |
| **Total** | **935** | **100%** |

## 17b. Continuing education programs you would like to have available in the future

Desired Continuing Education Programs

| Description | Count | Percent |
|---|---|---|
| None | 10 | 1% |
| Case Management | 89 | 10% |
| Quality Improvement | 97 | 10% |
| Risk Management | 73 | 8% |
| Clinical Care | 368 | 39% |
| Informatics | 23 | 2% |
| Leadership/Supervision | 18 | 2% |
| Other | 21 | 2% |
| Not Reported | 235 | 25% |
| **Total** | **935** | **100%** |

## 18. What is your average yearly gross compensation?

Gross Compensation - All APRN

| Income Cohort | Count | Percent |
|---|---|---|
| <39,999 | 111 | 12% |
| 40-49,999 | 76 | 8% |
| 50-59,999 | 128 | 14% |
| 60-69,999 | 195 | 21% |
| 70-79,999 | 149 | 16% |
| 80-89,999 | 89 | 10% |
| 90-99,999 | 28 | 3% |
| 100-109,999 | 27 | 3% |
| 110-119,999 | 21 | 2% |
| 120-129,999 | 17 | 2% |
| 130-139,999 | 6 | 1% |
| 140,000+ | 32 | 3% |
| Not Reported | 55 | 6% |
| **Total** | **935** | **100%** |

Gross Compensation - NP

| Income Cohort | Count | Percent |
|---|---|---|
| <39,999 | 80 | 13% |
| 40-49,999 | 58 | 9% |
| 50-59,999 | 97 | 16% |
| 60-69,999 | 149 | 24% |
| 70-79,999 | 109 | 18% |
| 80-89,999 | 63 | 10% |
| 90-99,999 | 8 | 1% |
| 100-109,999 | 14 | 2% |
| 110-119,999 | 7 | 1% |
| 120-129,999 | 3 | 0% |
| 130-139,999 | 3 | 0% |
| 140,000+ | 1 | 0% |
| Not Reported | 25 | 4% |
| **Total** | **619** | **100%** |

## 18. What is your average yearly gross compensation? (continued)

Gross Compensation - CNS

| Income Cohort | Count | Percent |
|---|---|---|
| <39,999 | 21 | 12% |
| 40-49,999 | 14 | 8% |
| 50-59,999 | 24 | 14% |
| 60-69,999 | 32 | 19% |
| 70-79,999 | 44 | 25% |
| 80-89,999 | 20 | 11% |
| 90-99,999 | 4 | 2% |
| 100-109,999 | 7 | 4% |
| 110-119,999 | 3 | 2% |
| 140,000+ | 1 | 1% |
| Not Reported | 4 | 2% |
| **Total** | **175** | **100%** |

Gross Compensation - CRNA

| Income Cohort | Count | Percent |
|---|---|---|
| <39,999 | 3 | 3% |
| 50-59,999 | 4 | 4% |
| 60-69,999 | 3 | 3% |
| 70-79,999 | 3 | 3% |
| 80-89,999 | 8 | 8% |
| 90-99,999 | 14 | 13% |
| 100-109,999 | 10 | 9% |
| 110-119,999 | 11 | 11% |
| 120-129,999 | 13 | 12% |
| 130-139,999 | 3 | 3% |
| 140,000+ | 30 | 28% |
| Not Reported | 6 | 5% |
| **Total** | **107** | **100%** |

Gross Compensation - CNM

| Income Cohort | Count | Percent |
|---|---|---|
| <39,999 | 17 | 18% |
| 40-49,999 | 10 | 10% |
| 50-59,999 | 10 | 10% |
| 60-69,999 | 21 | 22% |
| 70-79,999 | 16 | 16% |
| 80-89,999 | 11 | 12% |
| 100-109,999 | 1 | 1% |
| 110-119,999 | 3 | 3% |
| 120-129,999 | 1 | 1% |
| 140,000+ | 1 | 1% |
| Not Reported | 4 | 4% |
| **Total** | **96** | **100%** |

## 19. In your work situation, how many hours per week must you work to receive the following benefits: paid vacation, health insurance?

Health Insurance for Self

| Hours | Count | Percent |
|---|---|---|
| 0 | 48 | 5% |
| 5 | 1 | <1% |
| 8 | 3 | <1% |
| 9 | 1 | <1% |
| 12 | 3 | <1% |
| 16 | 1 | <1% |
| 20 | 85 | 9% |
| 22 | 1 | <1% |
| 24 | 111 | 12% |
| 27 | 1 | <1% |
| 30 | 76 | 8% |
| 32 | 61 | 6% |
| 33 | 6 | 1% |
| 34 | 1 | <1% |
| 35 | 6 | 1% |
| 36 | 61 | 6% |
| 38 | 1 | <1% |
| 40 | 209 | 22% |
| 48 | 1 | <1% |
| 50 | 1 | <1% |
| 60 | 1 | <1% |
| Not Reported | 254 | 27% |
| **Total** | **935** | **100%** |

**19. In your work situation, how many hours per week must you work to receive the following benefits: paid vacation, health insurance? (continued)**

Health Insurance for Family

| Hours | Count | Percent |
|---|---|---|
| 0 | 73 | 8% |
| 5 | 1 | <1% |
| 8 | 3 | <1% |
| 12 | 3 | <1% |
| 20 | 61 | 6% |
| 22 | 1 | <1% |
| 24 | 100 | 11% |
| 27 | 1 | <1% |
| 30 | 56 | 6% |
| 32 | 51 | 5% |
| 33 | 6 | 1% |
| 34 | 1 | <1% |
| 35 | 4 | <1% |
| 36 | 49 | 5% |
| 40 | 185 | 20% |
| 50 | 1 | <1% |
| 60 | 1 | <1% |
| Not Reported | 336 | 36% |
| **Total** | **935** | **100%** |

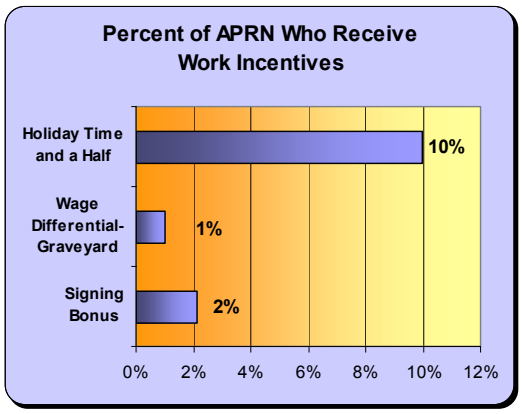
Paid Vacation

| Hours | Count | Percent |
|---|---|---|
| 0 | 59 | 6% |
| 1 | 1 | <1% |
| 2 | 1 | <1% |
| 5 | 1 | <1% |
| 8 | 3 | <1% |
| 12 | 3 | <1% |
| 15 | 1 | <1% |
| 16 | 3 | <1% |
| 20 | 86 | 9% |
| 22 | 3 | <1% |
| 24 | 83 | 9% |
| 27 | 1 | <1% |
| 30 | 65 | 7% |
| 32 | 73 | 8% |
| 33 | 1 | <1% |
| 34 | 1 | <1% |
| 35 | 3 | <1% |
| 36 | 66 | 7% |
| 38 | 1 | <1% |
| 40 | 240 | 26% |
| 48 | 3 | <1% |
| 50 | 6 | 1% |
| 60 | 1 | <1% |
| Not Reported | 227 | 24% |
| **Total** | **935** | **100%** |

**20. Please indicate which of the following incentives are available to you: signing bonus, wage differential for graveyard, time and a half for holidays**

**Work Incentives Available (Percentages)**

| Incentive | Yes | No |
|---|---|---|
| Signing Bonus | 2% | 68% |
| Wage Differential- Graveyard | 1% | 67% |
| Holiday Time and a Half | 10% | 90% |



## 21. How would you rate your wage satisfaction?

Wage Satisfaction - All APRN

| | Count | Percent |
|---|---|---|
| Extremely Satisfied | 166 | 18% |
| Somewhat Satisfied | 489 | 52% |
| Somewhat Dissatisfied | 183 | 20% |
| Extremely Dissatisfied | 55 | 6% |
| Not Reported | 41 | 4% |
| **Total** | **935** | **100%** |

Wage Satisfaction - NP

| | Count | Percent |
|---|---|---|
| Extremely satisfied | 109 | 18% |
| Somewhat Satisfied | 333 | 54% |
| Somewhat Dissatisfied | 120 | 19% |
| Extremely Dissatisfied | 41 | 7% |
| Not Reported | 17 | 3% |
| **Total** | **619** | **100%** |

Wage Satisfaction - CNM

| | Count | Percent |
|---|---|---|
| Extremely Satisfied | 17 | 18% |
| Somewhat Satisfied | 48 | 50% |
| Somewhat Dissatisfied | 20 | 21% |
| Extremely Dissatisfied | 7 | 7% |
| Not Reported | 4 | 4% |
| **Total** | **96** | **100%** |

Wage Satisfaction - CRNA

| | Count | Percent |
|---|---|---|
| Extremely Satisfied | 32 | 30% |
| Somewhat Satisfied | 58 | 54% |
| Somewhat Dissatisfied | 14 | 13% |
| Extremely Dissatisfied | 3 | 3% |
| **Total** | **107** | **100%** |

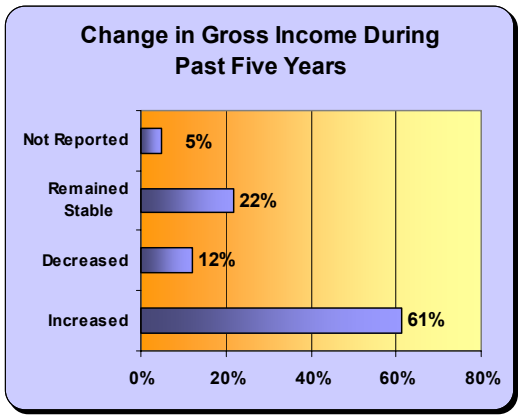
Wage Satisfaction - CNS

| | Count | Percent |
|---|---|---|
| Extremely Satisfied | 21 | 12% |
| Somewhat Satisfied | 90 | 52% |
| Somewhat Dissatisfied | 47 | 27% |
| Extremely Dissatisfied | 13 | 7% |
| Not Reported | 4 | 2% |
| **Total** | **175** | **100%** |

## 22. In the past five years has your gross income increased, decreased, or stayed the same?

Change In Income During Past Five Years

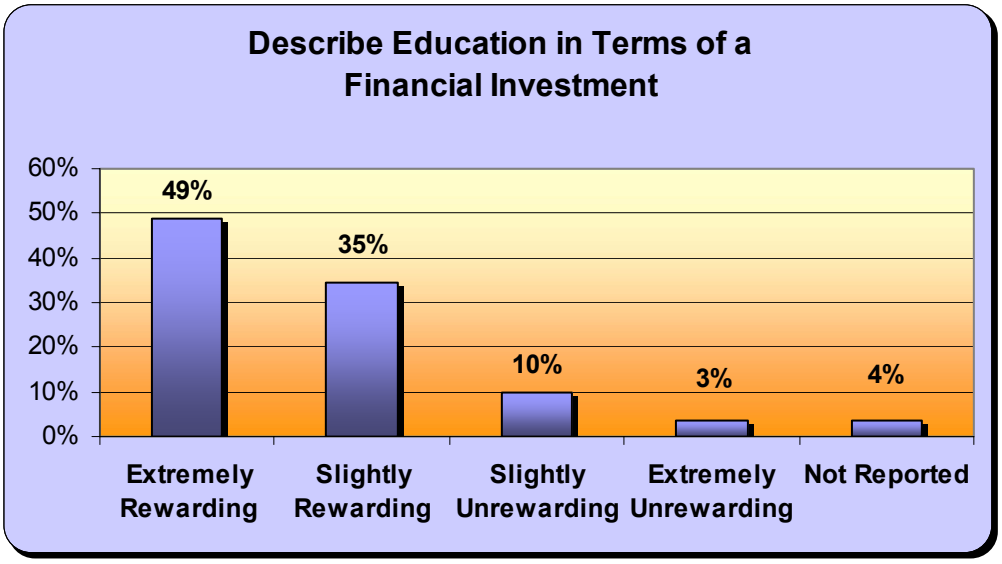
| | Count | Percent |
|---|---|---|
| Increased | 572 | 61% |
| Decreased | 113 | 12% |
| Remained Stable | 204 | 22% |
| Not Reported | 45 | 5% |
| **Total** | **935** | **100%** |



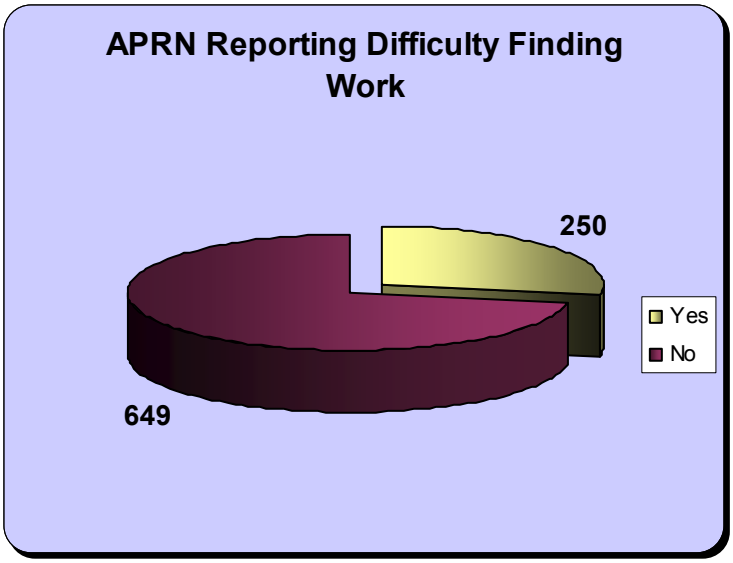

## 23. Considering both career fulfillment and satisfaction with your wages, how would you describe your education in terms of a financial investment?

Describe Education as a Financial Investment

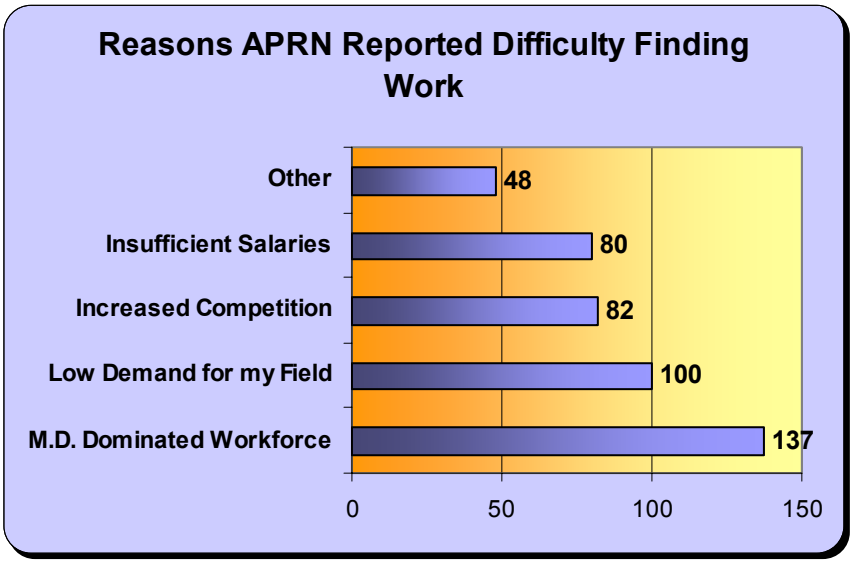
| | Count | Percent |
|---|---|---|
| Extremely Rewarding | 455 | 49% |
| Slightly Rewarding | 323 | 35% |
| Slightly Unrewarding | 90 | 10% |
| Extremely Unrewarding | 32 | 3% |
| Not Reported | 34 | 4% |
| **Total** | **935** | **100%** |




**24. Have you had difficulty finding work in the area for which you have been trained. If so, why?**



**24. Have you had difficulty finding work in the area for which you have been trained. If so, why? (continued)**




Difficulty Finding Work- All APRN

| | Count | Percent |
|---|---|---|
| Yes | 250 | 27% |
| No | 649 | 69% |
| Not Reported | 37 | 4% |
| **Total** | **935** | **100%** |

Reasons for Difficulty

| | Count* |
|---|---|
| M.D. Dominated Workforce | 137 |
| Low Demand for my Field | 100 |
| Increased Competition | 82 |
| Insufficient Salaries | 80 |
| Other | 48 |

*Can indicate multiple reasons

Difficulty Finding Work - CNS

| Response | Count | Percent |
|---|---|---|
| No | 133 | 76% |
| Yes | 35 | 20% |
| Not Reported | 7 | 4% |
| **Total** | **175** | **100%** |

Reason for Difficulty - CNS

| Reason | Count |
|---|---|
| M.D. Dominated Workforce | 20 |
| Low Demand for Field | 16 |
| Increased Competion | 6 |
| Insufficient Salaries | 16 |
| Other | 3 |

## 24. Have you had difficulty finding work in the area for which you have been trained. If so, why? (continued)

Difficulty Finding Work - CRNA

| Response | Count | Percent |
|---|---|---|
| No | 90 | 84% |
| Yes | 17 | 16% |
| **Total** | **107** | **100%** |

Reason for Difficulty - CRNA

| Reason | Count |
|---|---|
| M.D. Dominated Workforce | 17 |
| Low Demand for Field | 1 |
| Increased Competion | 3 |
| Insufficient Salaries | 1 |
| Other | 3 |

Difficulty Finding Work - CNM

| Response | Count | Percent |
|---|---|---|
| No | 59 | 62% |
| Yes | 35 | 37% |
| Not Reported | 1 | 1% |
| **Total** | **96** | **100%** |

Reason for Difficulty - CNM

| Reason | Count |
|---|---|
| M.D. Dominated Workforce | 25 |
| Low Demand for Field | 10 |
| Increased Competion | 8 |
| Insufficient Salaries | 8 |
| Other | 11 |

Difficulty Finding Work - NP

| Response | Count | Percent |
|---|---|---|
| No | 419 | 68% |
| Yes | 188 | 30% |
| Not Reported | 13 | 2% |
| **Total** | **619** | **100%** |

Reason for Difficulty - NP

| Reason | Count |
|---|---|
| M.D. Dominated Workforce | 99 |
| Low Demand for Field | 83 |
| Increased Competion | 68 |
| Insufficient Salaries | 66 |
| Other | 32 |

## 25. Do you ever practice in a RN capacity despite your APRN status?

Working in RN Capacity

| Category | Yes | No |
|---|---|---|
| CRNA | 6% | 94% |
| CNS | 27% | 73% |
| CNM | 15% | 85% |
| APRN | 26% | 74% |
| **Total** | **23%** | **77%** |

## 25a. Percent of time spent in RN capacity.

Percent of Time Working as RN

| % of Time | Count | Percent |
|---|---|---|
| 0 | 128 | 59% |
| 1-5 | 29 | 13% |
| 6-10 | 27 | 12% |
| >10 | 34 | 16% |
| **Total** | **218** | **100%** |

## 26. In how many years do you plan to retire?

Years to Retirement

| Years Cohorts | Count | Percent |
|---|---|---|
| 0 | 11 | 1% |
| 1-5 | 89 | 10% |
| 6-10 | 216 | 23% |
| 11-15 | 200 | 21% |
| 16-20 | 207 | 22% |
| 21-25 | 68 | 7% |
| 26-30 | 54 | 6% |
| 31-35 | 8 | 1% |
| Not Reported | 82 | 9% |
| **Total** | **935** | **100%** |

## 26a. Reasons for retiring (if retiring in five years or fewer)

Reasons for Retiring

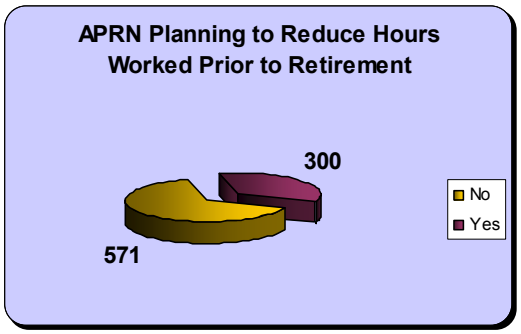
| Reason | Count* | Percent |
|---|---|---|
| Age | 79 | 59% |
| Job Dissatisfaction | 11 | 8% |
| Insufficient Compensation | 13 | 10% |
| Family Obligations | 18 | 13% |
| Other | 13 | 10% |
| **Total** | **134** | **100%** |

Respondents could select more than one option

## 27. Prior to retirement, do you plan to reduce the number of hours per week you practice?

Reduce Hours Before Retirement

| Response | Count | Percent |
|---|---|---|
| No | 571 | 61% |
| Yes | 300 | 32% |
| Not Reported | 63 | 7% |
| **Total** | **935** | **100%** |




## 27a. Years until reducing hours

Years Until Reducing Hours

| Years | Count | Percent |
|---|---|---|
| 0 | 32 | 13% |
| 1-5 | 113 | 46% |
| 6-10 | 55 | 23% |
| 11-15 | 28 | 12% |
| 16-20 | 13 | 5% |
| 21-25 | 3 | 1% |
| **Total** | **244** | **100%** |

## 27b. Hours planning to work after reducing hours

Hours Will Work After Reduction

| Hours | Count | Percent |
|---|---|---|
| 0 | 11 | 4% |
| 1-10 | 13 | 5% |
| 11-20 | 69 | 28% |
| 21-30 | 114 | 47% |
| 31-40 | 35 | 14% |
| 40+ | 3 | 1% |
| **Total** | **245** | **100%** |

## 28. Please indicate which language interpretation (if any) you offer to your patients.

Provide Language Interpretation

| | Count | Percent |
|---|---|---|
| No | 392 | 42% |
| Yes | 481 | 51% |
| Not Reported | 62 | 7% |
| **Total** | **935** | **100%** |

## 29. What is your racial/ethnic background?

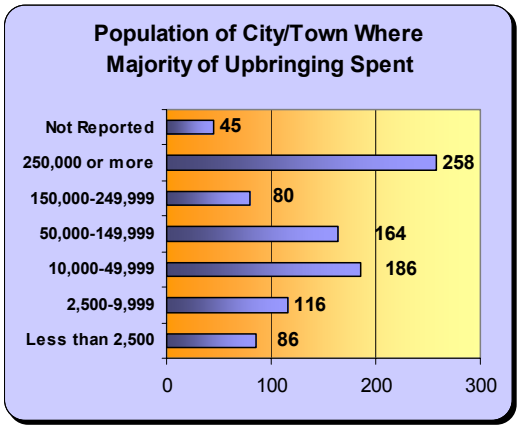
Ethnicity of Utah APRN Workforce

| Ethnicity | Percent |
|---|---|
| African American | <1% |
| Asian | 1% |
| Asian Indian | <1% |
| Hispanic/Latino | 1% |
| Native American/Alaskan Native | 1% |
| Pacific Islander/Hawaiin Native | <1% |
| White/Caucasian | 94% |
| Other | <1% |
| Not Reported | 3% |

## 30. What is the estimated population of the city/town where you spent the majority of your upbringing?

Population of City/Town of Upbringing

| Population Cohort | Count | Percent |
|---|---|---|
| Less than 2,500 | 86 | 9% |
| 2,500-9,999 | 116 | 12% |
| 10,000-49,999 | 186 | 20% |
| 50,000-149,999 | 164 | 17% |
| 150,000-249,999 | 80 | 9% |
| 250,000 or more | 258 | 28% |
| Not Reported | 45 | 5% |
| **Total** | **935** | **100%** |




## 31. In what state/country did you primarily live while attending high school?

State of Residence During High School

| State | Count | Percent |
|---|---|---|
| Utah | 416 | 44.5% |
| California | 82 | 8.7% |
| Colorado | 14 | 1.5% |
| Connecticut | 11 | 1.2% |
| Idaho | 45 | 4.8% |
| Illinois | 27 | 2.9% |
| Maryland | 10 | 1.1% |
| Michigan | 17 | 1.8% |
| Minnesota | 16 | 1.7% |
| Montana | 11 | 1.2% |
| New Jersey | 13 | 1.4% |
| New York | 20 | 2.1% |
| Ohio | 16 | 1.7% |
| Pennsylvania | 17 | 1.8% |
| Texas | 13 | 1.4% |
| Virginia | 11 | 1.2% |
| Washington | 16 | 1.7% |
| Wisconsin | 14 | 1.5% |
| Wyoming | 14 | 1.5% |
| All Other States | 106 | 11.3% |
| International | 21 | 2.3% |
| Not Reported | 27 | 2.9% |
| Total | 935 | 100.0% |

# Appendix B
APRN Workforce Committee Members

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# Appendix C

## 2003 APRN Survey Instrument

Following is the 2003 APRN survey instrument. This survey was mailed to each advanced practice registered nurse with an active Utah license as of December 2002. Three separate mailings were conducted with an ultimate response rate achieved of 74%.

# UTAH MEDICAL EDUCATION COUNCIL
# ADVANCED PRACTICE NURSE SURVEY 2002

**1. Please indicate the location of your primary practice by state and zip code:**
State:_____Zip:_____

**If your primary practice is *outside* Utah, do you provide any services in Utah?**
☐ YES ☐ NO
➥ UT Zip:_____Hours:____/week or____/month

If you *do not* provide services in Utah, please list the reasons why you maintain a Utah license:_____
_____
_____

**THE FOLLOWING QUESTIONS ASK FOR DETAILS ABOUT THE SERVICES YOU PROVIDE:**

**2. In an average week, how many <u>out-patients</u> do you see?** Office _____ Urgent Care _____ ER _____

**3. In an average week, how many <u>in-patients</u> do you see?**
Hospital _____ Nursing Home _____

**4. Average days spent waiting for an appointment by a:**
NEW PATIENT _____
ESTABLISHED PATIENT _____

**5. Are you providing patient care as part of a structured team approach?** ☐ YES ☐ NO
➥*If YES, please specify **<u>which</u>** professionals and **<u>how many</u>** are a part of your team:*
MD/DO #_____
OTHER APNs #_____
PHYSICIAN ASSISTANTS #_____
PHARMACISTS #_____
OTHER (i.e. *Physical Therapist*) #_____

**6. Locations of sites where you spend the most time providing *direct patient care*.**
Principal
Location:_____
City/State Zip Code **# Hours**
Secondary
Location:_____
City/State Zip Code **# Hours**

**7. How many more years do you intend to continue practicing at each site?** Principal_____Secondary_____

**9. Of the following, which types of patients do you primarily treat?** *(Mark only one)*

| | | |
|---|---|---|
| ☐ Chronic care | ☐ Newborn | ☐ Pediatric |
| ☐ Coronary care | ☐ Ob/Gyn | ☐ Psychiatric |
| ☐ Neurological | ☐ Orthopedic | ☐ Rehabilitation |
| ☐ Basic med/surg (not found above) | | ☐ Other |

**10. In your specific work situation, how many hours per week are considered full time for an APN?**
☐ 26-30 ☐ 31-35 ☐ 36-40
☐ 41-45 ☐ 46-50 ☐ 51 +
☐ Not applicable

**11. How many hours per week do *you* work?_____**
**Please allocate these hours into the following categories, according to hours worked in Utah and hours worked out of state:**

| | In Utah | Outside Utah |
|---|---|---|
| A. Combined Patient Care/Training *(Supervising/training while delivering care)* | _____ | _____ |
| B. Patient Care *(Direct patient care without teaching/training)* | _____ | _____ |
| C. Teaching *(Didactic and/or classroom teaching without patient care)* | _____ | _____ |
| D. Research *(Reports, applications, surveys, etc)* | _____ | _____ |
| E. Administration/Management *(Planning, budgeting, etc not in support of patient care)* | _____ | _____ |
| F. Consulting *(Not in support of patient care)* | _____ | _____ |
| G. Other: _____ | _____ | _____ |

**12. What percent of your patients are:**
*(total should equal 100%)*

| | | | |
|---|---|---|---|
| MEDICAID | _____% | TRI-CARE (CHAMPUS) | _____% |
| MEDICARE | _____% | WORKMAN'S COMP | _____% |
| SELF-PAY | _____% | VA | _____% |
| MANAGED CARE | _____% | PCN | _____% |
| CHARITY *(uncompensated care, including uncollected billings)* | | | _____% |

**13. Does your clinic offer services based on ability to pay or a Sliding-Fee scale based on income or family size?**
☐ YES ☐ NO

**14. Are you limiting the number of new:**

| | YES | NO |
|---|---|---|
| Medicaid patients | ☐ | ☐ |
| Medicare patients | ☐ | ☐ |
| Non-paying patients | ☐ | ☐ |
| Other new patients | ☐ | ☐ |

➥***PLEASE CONTINUE ON TOP OF THE NEXT PAGE***↗

**8. Which of the following best describes your work setting? Mark the principal location (question 6-7 above) and any secondary location(s) (including and in addition to the secondary location indicated in #6) where applicable.**

| Principal | Any Secondary | | Principal | Any Secondary | |
|---|---|---|---|---|---|
| ☐ | ○ | Self-Employed | ☐ | ○ | HMO |
| ☐ | ○ | Solo physician practice | ☐ | ○ | Community health center |
| ☐ | ○ | Multi-specialty physician group | ☐ | ○ | Nursing home or LTC/MR facility |
| ☐ | ○ | Hospital-University | ☐ | ○ | Free-Standing Health Center or Clinic |
| ☐ | ○ | Hospital/Clinic-IHC | ☐ | ○ | Occupational Health (Employee Health Services) |
| ☐ | ○ | Hospital-Other | ☐ | ○ | Faculty/Teaching position (College or University) |
| ☐ | ○ | School health | ☐ | ○ | Insurance company/Private industry |
| ☐ | ○ | Planning Agency (government or private) | ☐ | ○ | Prison or jail |
| ☐ | ○ | Home Health Agency | ☐ | ○ | Other *(Specify)*_____ |

**THIS PAGE AND THE QUESTIONS THAT FOLLOW ON THE BACK PAGE ASK FOR DETAILS ABOUT YOUR TRAINING:**

| | A<br>Clinical Nurse Specialist | B<br>Nurse Anesthetist | C<br>Nurse Midwife | D<br>Nurse Practitioner |
|---|---|---|---|---|
| **15a. For which advanced practice nurse categor(ies) have you been prepared?** *(Mark all that apply)* | ☐ | ☐ | ☐ | ☐ |
| **15b. Please check this column if you are CURRENTLY practicing this specialty:** | | | | **Currently Practicing** |
| **15c. Specialty studied:** | | | | |
| 1. Adult Health/Medical Surgical | ☐ 1 | ☐ 1 | ☐ 1 | ☐ 1 | ☐ 1 |
| 2. Anesthesia | ☐ 2 | ☐ 2 | ☐ 2 | ☐ 2 | ☐ 2 |
| 3. Community Health/Public Health | ☐ 3 | ☐ 3 | ☐ 3 | ☐ 3 | ☐ 3 |
| 4. Critical Care | ☐ 4 | ☐ 4 | ☐ 4 | ☐ 4 | ☐ 4 |
| 5. Family | ☐ 5 | ☐ 5 | ☐ 5 | ☐ 5 | ☐ 5 |
| 6. Geriatric/Gerontology | ☐ 6 | ☐ 6 | ☐ 6 | ☐ 6 | ☐ 6 |
| 7. Maternal-Child Health | ☐ 7 | ☐ 7 | ☐ 7 | ☐ 7 | ☐ 7 |
| 8. Neonatal | ☐ 8 | ☐ 8 | ☐ 8 | ☐ 8 | ☐ 8 |
| 9. Nurse-Midwifery | ☐ 9 | ☐ 9 | ☐ 9 | ☐ 9 | ☐ 9 |
| 10. Obstetric/Gynecology/Women's Health | ☐ 10 | ☐ 10 | ☐ 10 | ☐ 10 | ☐ 10 |
| 11. Occupational Health | ☐ 11 | ☐ 11 | ☐ 11 | ☐ 11 | ☐ 11 |
| 12. Oncology | ☐ 12 | ☐ 12 | ☐ 12 | ☐ 12 | ☐ 12 |
| 13. Pediatrics | ☐ 13 | ☐ 13 | ☐ 13 | ☐ 13 | ☐ 13 |
| 14. Psychiatric/Mental Health | ☐ 14 | ☐ 14 | ☐ 14 | ☐ 14 | ☐ 14 |
| 15. Rehabilitation | ☐ 15 | ☐ 15 | ☐ 15 | ☐ 15 | ☐ 15 |
| 16. School Health | ☐ 16 | ☐ 16 | ☐ 16 | ☐ 16 | ☐ 16 |
| 18. Other *(specify in appropriate column)* | _____ | _____ | _____ | _____ | _____ |
| **15d. Please indicate the average number of hours/week spent practicing this specialty:** | | | | | |
| **15e. Are you certified by a national certifying body?** *(Mark all that apply)* | ☐ | ☐ | ☐ | ☐ | |

➥ ***Please skip to question 15 if you do not have any certifications.***

| | | | | |
|---|---|---|---|---|
| **15f. National certifying body:** | | | | |
| 1. American Academy of Nurse Practitioners | ☐ 1 | ☐ 1 | ☐ 1 | ☐ 1 |
| 2. American Association of Nurse Anesthetists | ☐ 2 | ☐ 2 | ☐ 2 | ☐ 2 |
| 3. American College of Nurse Midwives | ☐ 3 | ☐ 3 | ☐ 3 | ☐ 3 |
| 4. American Nurses Credentialing Center | ☐ 4 | ☐ 4 | ☐ 4 | ☐ 4 |
| 5. National Certification Board of Pediatric Nurse Practitioners & Nurses | ☐ 5 | ☐ 5 | ☐ 5 | ☐ 5 |
| 6. National Certification Corporation for the Obstetric, Gynecologist, and Neonatal Nursing Specialties | ☐ 6 | ☐ 6 | ☐ 6 | ☐ 6 |
| 7. Other *(Please specify)* | _____ | _____ | _____ | _____ |
| **15g. Type of certification:** | | | | |
| 1. Acute Care NP | ☐ 1 | ☐ 1 | ☐ 1 | ☐ 1 |
| 2. Acute Care CS | ☐ 2 | ☐ 2 | ☐ 2 | ☐ 2 |
| 3. Adult NP | ☐ 3 | ☐ 3 | ☐ 3 | ☐ 3 |
| 4. Certified Registered Nurse Anesthetist (CRNA) | ☐ 4 | ☐ 4 | ☐ 4 | ☐ 4 |
| 5. Certified Nurse-Midwife (CNM) | ☐ 5 | ☐ 5 | ☐ 5 | ☐ 5 |
| 6. Community Health CS | ☐ 6 | ☐ 6 | ☐ 6 | ☐ 6 |
| 7. Family NP | ☐ 7 | ☐ 7 | ☐ 7 | ☐ 7 |
| 8. Gerontological CS | ☐ 8 | ☐ 8 | ☐ 8 | ☐ 8 |
| 9. Gerontological NP | ☐ 9 | ☐ 9 | ☐ 9 | ☐ 9 |
| 10. Home Health CS | ☐ 10 | ☐ 10 | ☐ 10 | ☐ 10 |
| 11. Medical Surgical CS | ☐ 11 | ☐ 11 | ☐ 11 | ☐ 11 |
| 12. Neonatal NP | ☐ 12 | ☐ 12 | ☐ 12 | ☐ 12 |
| 13. Occupational Health NP | ☐ 13 | ☐ 13 | ☐ 13 | ☐ 13 |
| 14. Pediatric NP | ☐ 14 | ☐ 14 | ☐ 14 | ☐ 14 |
| 15. Psychiatric and Mental Health NP | ☐ 15 | ☐ 15 | ☐ 15 | ☐ 15 |
| 16. Psychiatric and Mental Health CS - Adult | ☐ 16 | ☐ 16 | ☐ 16 | ☐ 16 |
| 17. Psychiatric and Mental Health CS - Child | ☐ 17 | ☐ 17 | ☐ 17 | ☐ 17 |
| 18. School NP | ☐ 18 | ☐ 18 | ☐ 18 | ☐ 18 |
| 19. Women's Health Care NP (Ob-Gyn NP) | ☐ 19 | ☐ 19 | ☐ 19 | ☐ 19 |
| 20. Other *(specify in appropriate column)* | _____ | _____ | _____ | _____ |

**16. The institution from which you received your Advanced Practice education:**_____

_____

City:_____ State:_____

Year of Degree:_____

**17. Please mark the appropriate column indicating which continuing education programs you have participated in during the past year, as well as which programs you would like to have available in the future?** *(Mark all that apply)*

| Past | Future | | Past | Future | |
|---|---|---|---|---|---|
| ☐ | ○ | None | ☐ | ○ | Clinical Care |
| ☐ | ○ | Case Management | ☐ | ○ | Informatics |
| ☐ | ○ | Quality Improvement | ☐ | ○ | Leadership/ Supervision |
| ☐ | ○ | Risk Management | | | |

☐ Other *(please specify)*:_____

**THE NEXT SET OF QUESTIONS ASKS ABOUT YOU AS A MEMBER OF UTAH'S ADVANCED PRACTICE WORKFORCE:**

**18. What is your average yearly gross compensation?**

| | | |
|---|---|---|
| ☐ <39,999 | ☐ 70-79,999 | ☐ 110-119,999 |
| ☐ 40-49,999 | ☐ 80-89,999 | ☐ 120-129,999 |
| ☐ 50-59,999 | ☐ 90-99,999 | ☐ 130-139,999 |
| ☐ 60-69,999 | ☐ 100-109,999 | ☐ 140,000 + |

**19. In your work situation, how many hours/week must you work in order to receive the following benefits:**

Paid Vacation: _____

Health Insurance: for self_____ for family_____

**20. Please indicate which of the following incentives are available to you** *(mark all that apply)***:**

☐ Signing bonus: $_____

☐ Wage difference for graveyard shift: _____

☐ Time and a half for holidays

☐ Other *(specify)*: _____

_____

**21. How would you rate your satisfaction with your wages?**

☐ Extremely satisfied ☐ Somewhat dissatisfied

☐ Somewhat satisfied ☐ Extremely dissatisfied

**22. In the last five years, has your gross income:**

☐ Increased ☐ Decreased ☐ Remained Stable

**23. Considering both career fulfillment and satisfaction with your wages, how would you describe your education in terms of a financial investment?**

☐ Extremely rewarding ☐ Slightly unrewarding

☐ Slightly rewarding ☐ Extremely unrewarding

**24. Have you had difficulty finding work in the area for which you have been trained?** ☐ YES ☐ NO

➥*If YES, please indicate why (mark all that apply):*

☐ M.D. dominated workforce ☐ Increased competition

☐ Low demand for my field ☐ Insufficient salaries

☐ Other *(specify):*_____

_____

_____

_____

**25. Do you ever practice in a RN capacity despite your advanced practice preparation?** ☐ YES ☐ NO

➥*If YES, please indicate why (mark all that apply):*

☐ Better compensation ☐ Less stressful

☐ Difficulty finding APN work ☐ Hours more flexible

☐ Dislike being on call ☐ Health reasons

☐ Other *(specify):*_____

_____

➥*If YES, what percentage of your total hours worked in a year are spent in a RN capacity:* _____%

➥*What percent of your total compensation (answer to question 12) reflects wages received as an RN:* _____%

**26. In how many years do you plan on retiring?** _____

*If less than 5 years, please indicate why:*

☐ Age ☐ Insufficient compensation

☐ Job dissatisfaction ☐ Family obligations

☐ Other: _____

**27. Prior to retirement, do you plan on reducing the number of hours per week you practice?**

☐ YES ☐ NO

➥*If YES, please specify each of the following:*

How many years before you plan to reduce your hours?

_____

How many hours per week will you work after the reduction?

_____

**THE FINAL SET OF QUESTIONS DEAL WITH DEMOGRAPHIC INFORMATION:**

**28. Please indicate which language interpretation (if any) you offer to your patients:**

☐ None ☐ *(Please specify):*_____

_____

*If so, are you fluent in this language or do you provide an interpreter?* ☐ Fluent ☐ Interpreter

**29. What is your racial/ethnic background?**

☐ White/Caucasian ☐ Hispanic/Latino

☐ African American/Black ☐ Middle Eastern

☐ Native American/Alaskan Nat. ☐ Asian

☐ Pacific Islander/Hawaiian Nat. ☐ Asian Indian

☐ Other (specify)_____

**30. What is the estimated population of the city/town where you spent the majority of your upbringing?**

☐ less than 2,500 ☐ 50,000 to 149,999

☐ 2,500 to 9,999 ☐ 150,000 to 249,999

☐ 10,000 to 49,999 ☐ 250,000 or more

**31. In what state/country did you primarily live while attending High School?**

☐ Utah

☐ Other: State_____ or Country_____

**Thank you very much for your participation.**
**Please return the survey in the envelope provided.**